


4-14-98 B 4686 - C
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Apr 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 751006 (8)
 1. Corporation Name
ST. LUKE'S UNITED METHODIST CHURCH AT WINDERMERE, INC.

Principal Place of Business Mailing Address
4851 S. APOPKA VINELAND RD. ORLANDO FL 32819 **4851 S. APOPKA VINELAND RD. ORLANDO FL 32819**

21	2. Principal Place of Business	2a.	Mailing Address
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
23	City & State	27	City & State
24	Zip	28	Country
25	Country	29	Zip
30		30	Country

3. Date Incorporated or Qualified
02/12/1980

4. FEI Number
05-0135700

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No



9. Name and Address of Current Registered Agent
WELLS, LINDA F.
255 S. ORANGE AVE., SUITE 1601
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	VD
NAME	BOSS, WAYNE	1.2 NAME	WATSON, MARC
STREET ADDRESS	9103 BROOKLINE DR	1.3 STREET ADDRESS	8540 SUMMERTIME PL.
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	ORLANDO, FL 32819-3928
TITLE	SD	2.1 TITLE	D
NAME	DONALDSON, CHARLOTTE	2.2 NAME	SHERILL, KAY
STREET ADDRESS	965 WINDSONG CIR	2.3 STREET ADDRESS	9714 SIBLEY CR.
CITY-ST-ZIP	APOPKA FL	2.4 CITY-ST-ZIP	ORLANDO, FL 32836
TITLE	D	3.1 TITLE	Bromley, Randall T
NAME	DEAN, DON	3.2 NAME	9051 Point Cypress Dr.
STREET ADDRESS	5516 BROOKLINE	3.3 STREET ADDRESS	Orlando, FL 32836
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	
NAME	MCNUTT, KENNETH E.	4.2 NAME	
STREET ADDRESS	7324 EVERLEIGH CT.	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	
TITLE	VD	5.1 TITLE	D
NAME	KOSTOFF, PETER	5.2 NAME	
STREET ADDRESS	8488 CLEMATIS LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	PD
NAME	YEAGER, SHREN	6.2 NAME	
STREET ADDRESS	3926 SALMON DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 3/26/98

CR2E037 (10/97)