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02-23-1999 90088 029 ***5161125
TALLAHASSEE, FLORIDA

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 751006

1. Corporation Name
ST. LUKE'S UNITED METHODIST CHURCH AT WINDERMERE, INC.

Principal Place of Business 4851 S. APOPKA VINELAND RD. ORLANDO FL 32819	Mailing Address 4851 S. APOPKA VINELAND RD. ORLANDO FL 32819
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103371-90088-29

21. Principal Place of Business	22. Mailing Address	3. Date Incorporated or Qualified 02/12/1980
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	4. FEI Number 05-0135700
23. City & State	28. City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24. Zip	29. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

**WELLS, LINDA F.
255 S. ORANGE AVE., SUITE 1801
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
85. Zip Code **FL**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WATSON, MARC 8540 SUMMERSVILLE PL ORLANDO FL 32819-3928	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DONALDSON, CHARLOTTE 865 WINDSONG CIR APOPKA FL	<input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEAN, DON 5516 BROOKLINE ORLANDO FL	<input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHERRILL, KAY 9714 SIBLEY CIR ORLANDO FL 32836	<input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOSTOFF, PETER 8488 CLEMATIS LANE ORLANDO FL	<input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD YEAGER, SHREN 3926 SALMON DR ORLANDO FL	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

Handwritten notes in Block 13:
 1.1 TITLE: Vice Chairman
 2.1 TITLE: Secretary
 2.2 NAME: Matthew Falconer
 2.3 STREET ADDRESS: 1701 Cheltonborough Dr.
 2.4 CITY-ST-ZIP: Orlando, FL 32835
 3.1 TITLE: Treasurer
 3.2 NAME: Randall Bromley
 3.3 STREET ADDRESS: 9051 Point Cypress Dr.
 3.4 CITY-ST-ZIP: Orlando, FL 32836
 5.1 TITLE: \$13/22
 6.2 NAME: 02-23-99 90088 029 \$61.25

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, with all other like empowered.

SIGNATURE: _____ DATE: 1/0/99
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)