


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 25, 2008 8:00 am
Secretary of State

08-25-2008 90001 042 ****61.25

DOCUMENT # 751006					
1. Entity 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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		40114121	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07082008 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number 59-2135880	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GUSTINO, JAMES A 444 W NEW ENGLAND AVE, SUITE G WINTER PARK, FL 32789			Name <u>Gust Gustino, James A.</u> Street Address (P.O. Box Number is Not Acceptable) <u>311 S. Main Street</u> City <u>Winter Garden</u> FL Zip Code <u>34787</u>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CARBIENER, WAYNE 8106 ST. ALBANS DR. ORLANDO, FL 32835	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MILLS, JOANIE 1814 WINDERMERE DOWN PL WINDERMERE, FL 347868024	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Hutton, Mark 5644 Bay Side Dr Orlando, FL 32819-4045	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT SMITH, RONALD 1727 DOWN LAKE DR. WINTERMERG, FL 34787	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BRINKER, KELLIE 8702 LUMMERVILLE PL ORLANDO, FL 32819	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DOBBERMANN, BOBBIE 8595 SAVANNAH PARK ORLANDO, FL 328194431	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Kobherman, Bobbie	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED SMITH, KELLY 4851 S. APOPKA VILAND ROL. ORLANDO, FL 32836	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Wayne A. Carbiener</u>		WAYNE A. CARBIENER		Date <u>7/14/08</u> Daytime Phone # <u>407-876-4991</u>	

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