


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 08:00 AM
Secretary of State

DOCUMENT # N00000006667

1. Entity Name
 ST. LUKE FREEWILL BAPTIST CHURCH INC.



Principal Place of Business Mailing Address

749 NW 62 ST 6981 MIRAMAR PARKWAY
 MIAMI, FL 33150 MIRAMAR, FL 33023

DO NOT WRITE IN THIS SPACE



01062005 No Chg-NP CR2E037 (10/03)

4. FEI Number Applied For
 65-1047813 Not Applicable

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

6. Name and Address of Current Registered Agent

RANDLE, JESSIE L
 6981 MIRAMAR PKWY
 MIRAMAR, FL 33023

DO NOT WRITE IN THIS SPACE

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

Filing Fee is \$61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	RANDLE, JESSIE L
STREET ADDRESS	6981 MIRAMAR PKWY
CITY-ST-ZIP	MIRAMAR, FL 33023
TITLE	T
NAME	RANDLE, NYCULA
STREET ADDRESS	749 NW 62 STREET
CITY-ST-ZIP	MIAMI, FL 33150
TITLE	T
NAME	THOMPSON, ELLA
STREET ADDRESS	749 NW 62 STREET
CITY-ST-ZIP	MIAMI, FL 33150
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000317918
 04/20/05-80038-002 61.25

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Bishop* Date: 04-17-05 (954) 951-9374

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #