


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 08:00 AM
Secretary of State

DOCUMENT # N00000006667 1. Entity Name ST. LUKE FREEWILL BAPTIST CHURCH INC.	
---	---

Principal Place of Business 2996 NW 62 ST MIAMI, FL 33147	Mailing Address PO BOX 510066 MIAMI, FL 33151
---	---

U00000917317
05/13/08-80037-003 61.25



DO NOT WRITE IN THIS SPACE

04172008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-1047613	Applied For Not Applicable
3. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

5. Name and Address of Current Registered Agent

RANDLE, JESSIE L
1335 S.W. MCFARLAND AVE
LAKE CITY, FL 32025

DO NOT WRITE IN THIS SPACE

6. 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 _____
Signature, typed or printed name of registered agent with title if applicable. POE Registered Agent signature required when renewing. DATE

Filing Fee is \$61.25
Due by May 1, 2008

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	D RANDLE, JESSIE L PO BOX 510066 MIAMI, FL 33151
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T RANDLE, NYOULA 2996 NW 62 STREET MIAMI, FL 33147
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T THOMPSON, ELLA 2996 NW 62 STREET MIAMI, FL 33147
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

DO NOT WRITE IN THIS SPACE

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: Jessie Randle
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

4-21-08
Date

Daytime Phone #