


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2006 08:00 AM
Secretary of State

DOCUMENT # N02000009536

1. Entity Name
ST. LUKE BAPTIST CHURCH, MARIANNA, FLORIDA INC.



Principal Place of Business Mailing Address

**2871 ORANGE STREET
MARIANNA FL 32448
US** **P. O. BOX 5806
MARIANNA FL 32447
US**



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

1st MOORE CR2E037 (10/05)

4. FEI Number Applied For
59-2346321 Not Applied

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

6. Name and Address of Current Registered Agent

**MILTON, HOWARD JR.
2871 ORANGE STREET
MARIANNA FL 32447**

7. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City _____ FL Zip Code _____

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 _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$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	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	CLAY, ELMER R			NAME			
STREET ADDRESS	4073 ENGLISH ROAD			STREET ADDRESS			
CITY-ST-ZIP	MARIANNA FL 32448			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	WILLIAMS, RANDY			NAME			
STREET ADDRESS	4528 BELLAMY BRIDGE ROAD			STREET ADDRESS			
CITY-ST-ZIP	MARIANNA FL 32446			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	GARVIN, ANNIE			NAME			
STREET ADDRESS	4525 JACKSON STREET			STREET ADDRESS			
CITY-ST-ZIP	MARIANNA FL 32448			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	HOLDEN, DELORIS			NAME			
STREET ADDRESS	2104 TANNER ROAD			STREET ADDRESS			
CITY-ST-ZIP	MARIANNA FL 32448			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	MILTON, HOWARD JR.			NAME			
STREET ADDRESS	4215 HICKORY LANE			STREET ADDRESS			
CITY-ST-ZIP	MARIANNA FL 32448			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

U00000517874
05/01/06-80064-005 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 _____