

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 22, 2008 8:00 am**  
**Secretary of State**

04-22-2008 90017 027 \*\*\*\*70.00

**DOCUMENT # N02000009536**

1. Entity Name

ST. LUKE BAPTIST CHURCH, MARIANNA, FLORIDA  
INC.



Principal Place of Business

2871 ORANGE STREET  
MARIANNA FL 32448  
US

Mailing Address

P. O. BOX 5806  
MARIANNA FL 32447  
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

59-2346321

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MILTON, HOWARD JR.  
2871 ORANGE STREET  
MARIANNA FL 32447

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2008**

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

|                |                          |                                 |
|----------------|--------------------------|---------------------------------|
| TITLE          | P                        | <input type="checkbox"/> Delete |
| NAME           | CLAY, ELMER R            |                                 |
| STREET ADDRESS | 4073 ENGLISH ROAD        |                                 |
| CITY- ST- ZIP  | MARIANNA FL 32448        |                                 |
| TITLE          | VP                       | <input type="checkbox"/> Delete |
| NAME           | WILLIAMS, RANDY          |                                 |
| STREET ADDRESS | 4528 BELLAMY BRIDGE ROAD |                                 |
| CITY- ST- ZIP  | MARIANNA FL 32446        |                                 |
| TITLE          | S                        | <input type="checkbox"/> Delete |
| NAME           | GARVIN, ANNIE            |                                 |
| STREET ADDRESS | 4525 JACKSON STREET      |                                 |
| CITY- ST- ZIP  | MARIANNA FL 32448        |                                 |
| TITLE          | D                        | <input type="checkbox"/> Delete |
| NAME           | HOLDEN, DELORIS          |                                 |
| STREET ADDRESS | 2104 TANNER ROAD         |                                 |
| CITY- ST- ZIP  | MARIANNA FL 32448        |                                 |
| TITLE          | D                        | <input type="checkbox"/> Delete |
| NAME           | MILTON, HOWARD JR.       |                                 |
| STREET ADDRESS | 4215 HICKORY LANE        |                                 |
| CITY- ST- ZIP  | MARIANNA FL 32448        |                                 |
| TITLE          | D                        | <input type="checkbox"/> Delete |
| NAME           | ROBINSON, WALTER         |                                 |
| STREET ADDRESS | 4222 ROULHAC ST.         |                                 |
| CITY- ST- ZIP  | MARIANNA FL 32448        |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                      |                                                                              |
|----------------|----------------------|------------------------------------------------------------------------------|
| TITLE          | D                    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Clay, Leontyne       |                                                                              |
| STREET ADDRESS | 3295 Valley Oaks Dr. |                                                                              |
| CITY- ST- ZIP  | Marianna, FL 32446   |                                                                              |
| TITLE          | D                    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Kelly, Leon          |                                                                              |
| STREET ADDRESS | 3605 Bump Nose Rd.   |                                                                              |
| CITY- ST- ZIP  | Marianna, FL 32446   |                                                                              |
| TITLE          |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                      |                                                                              |
| STREET ADDRESS |                      |                                                                              |
| CITY- ST- ZIP  |                      |                                                                              |
| TITLE          |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                      |                                                                              |
| STREET ADDRESS |                      |                                                                              |
| CITY- ST- ZIP  |                      |                                                                              |
| TITLE          |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                      |                                                                              |
| STREET ADDRESS |                      |                                                                              |
| CITY- ST- ZIP  |                      |                                                                              |

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: *Howard Milton Jr.* HOWARD MILTON, JR. 4/9/08 850-482-2008