



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 11, 2008 8:00 am
Secretary of State

08-11-2008 90121 042 ****70.00

DOCUMENT # N04000012125 1. Entity Name ST. LUKE AFRICAN METHODIST EPISCOPAL CHURCH, INC.					
Principal Place of Business 694 PEARL STREET ST. AUGUSTINE, FL 32084			Mailing Address PO BOX 341 ST. AUGUSTINE, FL 32085		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		07242008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 05-0613873	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SMITH-FOUNTAIN, VIVIAN 694 PEARL STREET ST. AUGUSTINE, FL 32084			7. Name and Address of New Registered Agent Name <u>Riley-Hayes, Mattie</u> Street Address (P.O. Box Number is Not Acceptable) <u>694 W. Pearl Street</u> City <u>St. Augustine</u> FL <u>32084</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 <u>Mattie Riley-Hayes</u> <u>7-23-08</u> <small>(NOTE: Registered Agent signature required when renewing)</small>					
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					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. SMITH-FOUNTAIN, VIVIAN <input checked="" type="checkbox"/> Delete 1002 JIB DR. APT. 104 ORLANDO, FL 32825				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HOLMES, TIFFANY <input type="checkbox"/> Delete 1081 N. ORANGE ST. ST. AUGUSTINE, FL 32084				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOWARD, LOUIS <input type="checkbox"/> Delete 662 JULIA ST. ST. AUGUSTINE, FL 32084				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OWENS, EVELYN <input type="checkbox"/> Delete 62 EVERGREEN AVE. ST. AUGUSTINE, FL 32084				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MITCHELL, TYMOTHY <input type="checkbox"/> Delete 533 LIVE OAK ST. ST. AUGUSTINE, FL 32084				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
P. Riley-Hayes, Mattie <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2159 Tuskegee Road Jacksonville, FL 32209					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<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 an other like empowered.					
SIGNATURE: <u>Mattie Riley-Hayes</u> <u>7-23-08</u> (904) 537-3658 <small>SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					