2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007
Secretary of State

DOCUMENT# N05000006639

Entity Name: ST LUKE CHURCH OF GOD MINISTRY APOSTOLIC FAITH INC.

Current Principal Place of Business:

2060 1ST AVE S
ST. PETERSBURG, FL 33712 US

New Principal Place of Business:

2532 12TH AVE SOUTH
ST. PETERSBURG, FL 33712 US

Current Mailing Address:

5213 13TH AVE S
GULFPORT, FL 33707 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EVERETT, DOROTHY A
5213 13TH AVE S
ST PETERSBURG, FL 33707 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: EVERETT, DOROTHY A
Address: 5213 13TH AVE S
City-St-Zip: GULFPORT, FL 33707 US

Title: VD ( ) Delete
Name: DEVONSHIRE, DELORES
Address: 844 52ND AVE S
City-St-Zip: ST PETERSBURG, FL 33705 US

Title: SD ( ) Delete
Name: SMITH, ARNEATHA R
Address: 2453 LYNN LAKE CIR S APT B
City-St-Zip: ST PETERSURG, FL 33712 US

Title: T (X) Delete
Name: HAWTHORNE, NICOLE
Address: 3540 52ND ST N
City-St-Zip: ST PETERSBURG, FL 33710 US

Title: T (X) Delete
Name: BOYD, KATRINA M
Address: 2990 DREW ST APT 426
City-St-Zip: CLEARWATER, FL 33759 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change ( ) Addition
Name: HAWTHORNE, NICOLE
Address: 3540 52ND ST N
City-St-Zip: ST PETERSBURG, FL 33710 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARNEATHA SMITH SD 04/23/2007
Electronic Signature of Signing Officer or Director — Date