

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 15 PM 3:23

DOCUMENT # **N09737** (0)

1. Corporation Name
ST. LUKE CHURCH OF GOD APOSTOLIC FAITH, INCORPORATED

Principal Place of Business Mailing Address
**15246 21ST STREET
DADE CITY FL 33525
US** **706 MARSHALL DR.
DADE CITY FL 33525-2734
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/13/1985** 3a. Date of Last Report **02/01/1994**
4. FEI Number **59-1890818** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 **37240 Valera Avenue**
22 City & State 27 Suite, Apt. #, etc.
23 City & State 28 **Dade City, FL**
24 Zip Country 29 **33525** 30 **USA**

9. Name and Address of Current Registered Agent

**SMITH, ETHEL B.
7341 JILL LANE
ZEPHYRHILLS FL 33540**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PDC
NAME	SMITH, ETHEL B.
STREET ADDRESS	7341 JILL LANE
CITY - ST - ZIP	ZEPHYRHILLS FL
TITLE	VD
NAME	MCKNIGHT, ANNIE
STREET ADDRESS	807 N 11ST STREET
CITY - ST - ZIP	DADE CITY FL
TITLE	SD
NAME	DAVIS, EVA K.
STREET ADDRESS	706 MARSHALL DRIVE
CITY - ST - ZIP	DADE CITY FL
TITLE	TD
NAME	NORMAN, BETTY
STREET ADDRESS	704 VALERIA AVENUE
CITY - ST - ZIP	DADE CITY FL
TITLE	D
NAME	BROWN, SANDRA
STREET ADDRESS	712 DOUGLAS DR.
CITY - ST - ZIP	DADE CITY FL
TITLE	D
NAME	SMITH, FRANK JR.
STREET ADDRESS	800 NORTH 17TH STREET
CITY - ST - ZIP	DADE CITY FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	14801 North 11th Street
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	37246 Marshall Drive
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	37240 Valera Avenue
4.4 CITY - ST - ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	37445 Orange Row Lane
5.4 CITY - ST - ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	14708 17th Street
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Eva K. Davis* **Eva K. Davis / Secretary**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-95 (904)521-0727