

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N09737** (0)

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



Principal Place of Business: **15246 21ST STREET DADE CITY FL 33525 US**  
Mailing Address: **37240 VALERA AVE DADE CITY FL 33525 US**

3. Date Incorporated or Qualified <b>06/13/1985</b>	3a. Date of Last Report <b>02/15/1995</b>
4. FEI Number <b>59-1890818</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. <b>15246 21ST STREET</b>
22. City & State	27. Suite, Apt. #, etc.
23. Zip	28. <b>DADE CITY, FL</b>
24. Country	29. <b>33525</b>
	30. <b>USA</b>

9. Name and Address of Current Registered Agent <b>SMITH, ETHEL B. 7341 JILL LANE ZEPHYRHILLS FL 33540</b>	10. Name and Address of New Registered Agent
	81. Name
	82. Street Address (P.O. Box Number is Not Acceptable)
	83.
	84. City
	85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PDC</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMITH, ETHEL B.</b>	1.2 NAME	
STREET ADDRESS	<b>7341 JILL LANE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ZEPHYRHILLS FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCKNIGHT, ANNIE</b>	2.2 NAME	
STREET ADDRESS	<b>14801 N 11TH STREET</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DADE CITY FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DAVIS, EVA K.</b>	3.2 NAME	
STREET ADDRESS	<b>37246 MARSHALL DR</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DADE CITY FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>TD</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NORMAN, BETTY</b>	4.2 NAME	<b>ETHEL HARRIS</b>
STREET ADDRESS	<b>37240 VALERA AVE</b>	4.3 STREET ADDRESS	<b>14812 12TH STREET</b>
CITY-ST-ZIP	<b>DADE CITY FL</b>	4.4 CITY-ST-ZIP	<b>DADE CITY, FL 33525</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BROWN, SANDRA</b>	5.2 NAME	
STREET ADDRESS	<b>37445 ORANGE ROW LANE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DADE CITY FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMITH, FRANK JR.</b>	6.2 NAME	
STREET ADDRESS	<b>14708 17TH STREET</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DADE CITY FL</b>	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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ethel B. Smith ETHEL B. SMITH 1-31-96 (352)521-0727  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)