


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Feb 17 1997 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N09737 (0)**

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



Principal Place of Business <b>15246 21ST STREET DADE CITY FL 33525 US</b>	Mailing Address <b>15246 21ST STREET DADE CITY FL 33525 US</b>
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3. Date Incorporated or Qualified <b>06/13/1985</b>	3a. Date of Last Report <b>02/23/1996</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	4. FEI Number <b>59-1890818</b>	Applied For Not Applicable
Country 25	Country 30	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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>PDC</b>	<input type="checkbox"/> DELETE
NAME	<b>SMITH, ETHEL B.</b>	
STREET ADDRESS	<b>7341 JILL LANE</b>	
CITY - ST - ZIP	<b>ZEPHYRHILLS FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>MCKNIGHT, ANNIE</b>	
STREET ADDRESS	<b>14801 N 11TH STREET</b>	
CITY - ST - ZIP	<b>DADE CITY FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>DAVIS, EVA K.</b>	
STREET ADDRESS	<b>37246 MARSHALL DR</b>	
CITY - ST - ZIP	<b>DADE CITY FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>HARRIS, ETHEL</b>	
STREET ADDRESS	<b>14812 12TH STREET</b>	
CITY - ST - ZIP	<b>DADE CITY FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BROWN, SANDRA</b>	
STREET ADDRESS	<b>37445 ORANGE ROW LANE</b>	
CITY - ST - ZIP	<b>DADE CITY FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SMITH, FRANK JR.</b>	
STREET ADDRESS	<b>14708 17TH STREET</b>	
CITY - ST - ZIP	<b>DADE CITY FL</b>	

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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CR2E037 (9/96)