

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2002 8:00 am
Secretary of State

03-03-2002 90114 036 ****70.00

DOCUMENT # N09737

1. Entity Name

ST. LUKE CHURCH OF GOD APOSTOLIC FAITH, INCORPORATED

Principal Place of Business

Mailing Address

15246 21ST STREET
 DADE CITY FL 33523
 US

15246 21ST STREEET
 DADE CITY FL 33523
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1890818

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, ETHEL B.
7341 JILL LANE
ZEPHYRHILLS FL 33540

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I 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 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 all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

EVA K DAVIS

2/18/02

(352)

521-0727

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)