


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2004 08:00 AM
Secretary of State

DOCUMENT # N09737		
1. Entity Name ST. LUKE CHURCH OF GOD APOSTOLIC FAITH, INCORPORATED		
Principal Place of Business 15246 21ST STREET DADE CITY, FL 33523 US	Mailing Address 15246 21ST STREEET DADE CITY, FL 33523 US	
DO NOT WRITE IN THIS SPACE		



01132004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1890818	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable NOTE: Registered Agent signature required when reinstating

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDC SMITH, ETHEL B. 7341 JILL LANE ZEPHYRHILLS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MCKNIGHT, ANNIE 14801 N 11TH STREET DADE CITY, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD DAVIS, EVA K. 37246 MARSHALL DR DADE CITY, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T HARRIS, ETHEL 14812 12TH STREET DADE CITY, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BROWN, SANDRA 37445 ORANGE ROW LANE DADE CITY, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SMITH, FRANK JR. 14708 17TH STREET DADE CITY, FL

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(01/16/04-80042-002 \$1.25)

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Frank Smith* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 1-15-04 Daytime Phone #: 352 521-0727