

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09737

FILED
Jan 07, 2008
Secretary of State

Entity Name: ST. LUKE CHURCH OF GOD APOSTOLIC FAITH, INCORPORATED

Current Principal Place of Business:

15246 21ST STREET
DADE CITY, FL 33523 US

New Principal Place of Business:

Current Mailing Address:

15246 21ST STREEET
DADE CITY, FL 33523 US

New Mailing Address:

FEI Number: 59-1890818

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PDC () Delete
Name: SMITH, ETHEL B.,
Address: 7341 JILL LANE
City-St-Zip: ZEPHYRHILLS, FL

Title: VD () Delete
Name: MCKNIGHT, ANNIE,
Address: 14801 N 11TH STREET
City-St-Zip: DADE CITY, FL

Title: SD () Delete
Name: DAVIS, EVA,
Address: 37246 MARSHALL DR
City-St-Zip: DADE CITY, FL 33523

Title: T () Delete
Name: HARRIS, ETHEL
Address: 14812 12TH STREET
City-St-Zip: DADE CITY, FL

Title: D () Delete
Name: BROWN, SANDRA,
Address: 37445 ORANGE ROW LANE
City-St-Zip: DADE CITY, FL

Title: D () Delete
Name: SMITH, FRANK JR.,
Address: 14708 17TH STREET
City-St-Zip: DADE CITY, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EVA DAVIS

SD

01/07/2008

Electronic Signature of Signing Officer or Director

Date