

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 15, 2003 8:00 am**  
**Secretary of State**

01-15-2003 90171 007 \*\*\*\*61.25

**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 STREET  
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



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1890818**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

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

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 Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	NAME	TITLE	NAME
PDC	SMITH, ETHEL B. 7341 JILL LANE ZEPHYRHILLS FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
VD	MCKNIGHT, ANNIE 14801 N 11TH STREET DADE CITY FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
SD	DAVIS, EVA K. 37246 MARSHALL DR DADE CITY FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
T	HARRIS, ETHEL 14812 12TH STREET DADE CITY FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
D	BROWN, SANDRA 37445 ORANGE ROW LANE DADE CITY FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
D	SMITH, FRANK JR. 14708 17TH STREET DADE CITY FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: *Eva Davis* **SIGNATURE REQUIRED** Eva Davis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**(352)521-0727**

CR2E037 (10/02)