

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000003377

FILED
Feb 02, 2012
Secretary of State

Entity Name: ST.LUKE AFRICAN METHODIST EPISCOPAL CHURCH, INC.

Current Principal Place of Business:

14950 NW US HWY 441
ALACHUA, FL 32615

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 376
ALACHUA, FL 32616

New Mailing Address:

FEI Number: 59-2171667

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEELE, JESSIE L REV
14950 NW US HWY 441
ALACHUA, FL 32615 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: D
Name: BROWN, SHIRLEY G
Address: 12315 NW 147TH PLACE
City-St-Zip: ALACHUA, FL 32615

Title: D
Name: LITCHFIELD, AVIS
Address: P.O.BOX 456
City-St-Zip: ALACHUA, FL 32616

Title: D
Name: BROWN, JOHN E
Address: 12315 NW 147TH PLACE
City-St-Zip: ALACHUA, FL 32615

Title: D
Name: LUMPKINS, ORIAN JR
Address: 15716 PEGGY ROAD
City-St-Zip: ALACHUA, FL 32615

Title: D
Name: HICKMON, RUTH R
Address: P.O.BOX 872
City-St-Zip: NEWBERRY, FL 32669

Title: D
Name: HOLMES, MERLENE
Address: 20822 NW CR 239
City-St-Zip: ALACHUA, FL 32615

I hereby 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 all other like empowered.

SIGNATURE: RUTH R. HICKMON

D

02/02/2012

Electronic Signature of Signing Officer or Director

Date