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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 29 PM 4:17

DOCUMENT # N12549 (4)

1. Corporation Name
THE CHURCH OF ST LUKE & ST PETER, INC.

Principal Place of Business	Mailing Address
2745 CANOE CREEK RD P O BOX 701056 ST. CLOUD FL 34770	2745 CANOE CREEK RD P O BOX 701056 ST. CLOUD FL 34770

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/13/1985
3a. Date of Last Report: 04/15/1994
4. FEI Number: 59-2097806 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

BRYAN, DAVID C REV
1801 SIR LANCELOT CIR.
ST CLOUD FL 32772

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	BRYAN, DAVID C	1.2 NAME	
STREET ADDRESS	1801 SIR LANCELOT CIR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. CLOUD FL 34722	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	D ☒ Change ☐ Addition
NAME	COLLIER, GREG D	2.2 NAME	LUCY STATLER
STREET ADDRESS	5165 BULLIS RD.	2.3 STREET ADDRESS	5368 MAJESTIC OAKS CIRCLE
CITY-ST-ZIP	ST. CLOUD FL 34772	2.4 CITY-ST-ZIP	ST CLOUD, FL 34771
TITLE	TD	3.1 TITLE	TD ☒ Change ☐ Addition
NAME	CIAVARELLA, JAMES	3.2 NAME	LILA ROGERS
STREET ADDRESS	3000 PINEWOOD CT.	3.3 STREET ADDRESS	2106 OAKVIEW CIRCLE
CITY-ST-ZIP	KISSIMMEE FL 34746	3.4 CITY-ST-ZIP	ST CLOUD, FL 34769
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 above, or on an attachment with an address.

SIGNATURE: [signature] DAVID C. Bryan, Rector 2/20/95 (407)892-3229
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000030B