

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N12549 (4)

1. Corporation Name

THE CHURCH OF ST LUKE & ST PETER, INC.

Principal Place of Business

2745 CANOE CREEK RD
P O BOX 701056
ST. CLOUD FL 34770

Mailing Address

2745 CANOE CREEK RD
P O BOX 701056
ST. CLOUD FL 34770



3. Date Incorporated or Qualified
12/13/1985

3a. Date of Last Report
02/28/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

9. Name and Address of Current Registered Agent

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

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

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 617.0802 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-1-96

12. OFFICERS AND DIRECTORS

13.

TITLE PD - RECTOR ☐ DELETE
NAME BRYAN, DAVID C
STREET ADDRESS 1801 SIR LANCELOT CIR.
CITY - ST - ZIP ST. CLOUD FL 34722

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

D Sr. Warden
Egleston, Paul
20 Illinois Ave.
St. Cloud, FL 34769

14. DIRECTORS IN 12
Change ☒ Addition

TITLE D ☒ DELETE
NAME STATLER, LUCY
STREET ADDRESS 5368 MAJESTIC OAKS CIRCLE
CITY - ST - ZIP ST. CLOUD FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

Change ☐ Addition

TITLE TD - Secretary/Treasurer ☐ DELETE
NAME ROGERS, LILA
STREET ADDRESS 2106 OAKVIEW CIRCLE
CITY - ST - ZIP ST. CLOUD FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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)(k), 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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

2-1-96

407 8923227

CP2E037 (12/95)