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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N12549

1. Corporation Name

THE CHURCH OF ST LUKE & ST PETER, INC.

115918 90012 1 8 *

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



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

12/13/1985

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

9. Name and Address of Current Registered Agent

BRYAN, DAVIDAM 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 617.0502 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

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME BRYAN, DAVID C
STREET ADDRESS 1801 SIR LANCELOT CIR.
CITY-ST-ZIP ST. CLOUD FL 34722

TITLE D ☐ DELETE

NAME STATLER, LUCY
STREET ADDRESS 1719 LEE JANZEN DR
CITY-ST-ZIP KISSIMMEE FL

TITLE TD ☐ DELETE

NAME ROGERS, LILA
STREET ADDRESS 2106 OAKVIEW CIRCLE
CITY-ST-ZIP ST. CLOUD FL

TITLE D ☒ DELETE

NAME EGLESTON, PAUL D
STREET ADDRESS 20 ILLINOIS AVE
CITY-ST-ZIP ST CLOUD FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME D
Ettinger, Bettie
4.3 STREET ADDRESS 2450 Crane Court
4.4 CITY-ST-ZIP St. Cloud, FL 34771

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE: *Lucy Statler* (Lucy Statler)

1/15/99

407-892-3227

CR2E037 (11/98)