

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N12549

1. Entity Name

THE CHURCH OF ST LUKE & ST PETER, INC.

**FILED**  
**Jan 31, 2000 8:00 am**  
**Secretary of State**

01-31-2000 90099 018 \*\*\*\*61.25

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 34770-1056

80010883



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2097806

Applied For

Not Applied For

Zip

Country

Zip

Country

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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.

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  
Department of State**

10. 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 ETINGER, BETTIE  
STREET ADDRESS 2450 CRANE COURT  
CITY-ST-ZIP ST CLOUD FL 34771

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Add  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Add  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Add  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Change ☐ Add  
NAME Ballantine, Jeff  
STREET ADDRESS 5103 Rockaby Road  
CITY-ST-ZIP St. Cloud, FL 34772

TITLE ☐ Change ☐ Add  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Add  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*David C. Bryan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/00 4078923227  
Date Daytime Phone #