

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 02, 2001 8:00 am
Secretary of State

02-02-2001 90299 038 ****61.25

DOCUMENT # N12549

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2097806

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Ryan, James D.

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

708 Avocado Street

City *St. Cloud*

FL

Zip Code
34769

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 | <input checked="" type="checkbox"/> Delete |
| NAME | BRYAN, DAVID C | |
| STREET ADDRESS | 1801 SIR LANCELOT CIR. | |
| CITY-ST-ZIP | ST. CLOUD FL 34722 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | STATLER, LUCY | |
| STREET ADDRESS | 1719 LEE JANZEN DR | |
| CITY-ST-ZIP | KISSIMMEE FL | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | ROGERS, LILA | |
| STREET ADDRESS | 2106 OAKVIEW CIRCLE | |
| CITY-ST-ZIP | ST. CLOUD FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BALLANTINE, JEFF | |
| STREET ADDRESS | 5103 ROCKABY ROAD | |
| CITY-ST-ZIP | SAINT CLOUD FL 34772 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|----------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Ryan, James D. | |
| STREET ADDRESS | 708 Avocado Street | |
| CITY-ST-ZIP | St. Cloud, FL 34769 | |
| TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Melissa Ciavarella | |
| STREET ADDRESS | 4618 Pine Lake Drive | |
| CITY-ST-ZIP | St. Cloud, FL 34769 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/29/2001 407-886-1000

CR2E037 (10/00)