2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12549

Apr 21, 2004 Secretary of State

Entity Name: THE CHURCH OF ST LUKE & ST PETER, INC.

Current Principal Place of Business: New Principal Place of Business: 2745 CANOE CREEK RD ST. CLOUD, FL 34772 **Current Mailing Address: New Mailing Address:** 2745 CANOE CREEK RD ST. CLOUD, FL 34772 FEI Number: 59-2097806 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CAMPBELL, BRIAN G THE REV 122 WESTMORELAND CR. KISSIMMEE, FL 34744 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition CAMPBELL, BRIAN G THE REV Name: Name: Address: 122 WESTMORELAND CR. Address: City-St-Zip: KISSIMMEE, FL 34744 City-St-Zip: Title: () Delete Title: () Change () Addition ETTINGER, CHARLES Name: Name: Address: 2650 CRANE CT Address: City-St-Zip: SAINT CLOUD, FL 34771 City-St-Zip: Title: () Delete Title: (X) Change () Addition PHELPS, BRIAN Name: TAFAT, RICHARD Name: 1613 KINSTON WAY 1505 BETH ANN COURT Address: Address: City-St-Zip: KISSIMMEE, FL 34744 City-St-Zip: KISSIMMEE, FL 34744 Title: () Delete Title: (X) Change () Addition Name: RUPP, SHARON Name: HENDREN, BRADLEY Address: 413 PENNSYLVANIA AVE Address: 5344 MILL STREAM DRIVE City-St-Zip: SAINT CLOUD, FL 34769 City-St-Zip: SAINT CLOUD, FL 34771

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRIAN CAMPBELL PD 04/21/2004