

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12549

FILED
Jan 16, 2007
Secretary of State

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

Current Principal Place of Business:

2745 CANOE CREEK RD
ST. CLOUD, FL 34772

New Principal Place of Business:

Current Mailing Address:

2745 CANOE CREEK RD
ST. CLOUD, FL 34772

New Mailing Address:

FEI Number: 59-2097806

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TORTORELLI, MYRA J
213 WYOMING AVENUE
ST. CLOUD, FL 37469 US

Name and Address of New Registered Agent:

MARGIO, MICHAEL G
4908 CULDESAC COURT
ST. CLOUD, FL 34772 US

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: MICHAEL G. MARGIO

01/16/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FAUST, ANDREW S THE REV
Address: 4907 CULDESAC COURT
City-St-Zip: ST. CLOUD, FL 34772

Title: D () Delete
Name: RYAN, JAMES D
Address: 708 AVOCADO STREET
City-St-Zip: ST. CLOUD, FL 34769

Title: D () Delete
Name: TRENT, JOHN
Address: 4804 JEANETTE COURT
City-St-Zip: ST. CLOUD, FL 34771

Title: T () Delete
Name: MARGIO, MICHAEL G
Address: 4908 CULDESAC COURT
City-St-Zip: SAINT CLOUD, FL 34772

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: MICHAEL G. MARGIO

T

01/16/2007

Electronic Signature of Signing Officer or Director

Date