

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2003 8:00 am**  
**Secretary of State**

04-10-2003 90063 041 \*\*\*\*61.25

**DOCUMENT # N12549**

1. Entity Name

**THE CHURCH OF ST LUKE & ST PETER, INC.**



Principal Place of Business

**2745 CANOE CREEK RD  
ST. CLOUD FL 34772**

Mailing Address

**2745 CANOE CREEK RD  
ST. CLOUD FL 34772**

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 Applicable

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

**CAMPBELL, BRIAN G THE REV  
122 WESTMORELAND CR.  
KISSIMMEE FL 34744**

Name

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

City

**FL**

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	CAMPBELL, BRIAN G THE REV	
STREET ADDRESS	122 WESTMORELAND CR.	
CITY-ST-ZIP	KISSIMMEE FL 34744	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RYAN, JAMES D	
STREET ADDRESS	708 AVOCADO	
CITY-ST-ZIP	SAINT CLOUD FL 34769	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	ROGERS, LILA	
STREET ADDRESS	2106 OAKVIEW CIRCLE	
CITY-ST-ZIP	ST. CLOUD FL	
TITLE	D	<input checked="" 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		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHARLES ETTINGER	
STREET ADDRESS	2450 CRANE COURT	
CITY-ST-ZIP	ST. CLOUD, FL 34771	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRIAN PHELPS	
STREET ADDRESS	1413 KINGSTON WAY	
CITY-ST-ZIP	KISSIMMEE, FL 34744	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHARON RUPP	
STREET ADDRESS	413 PENNSYLVANIA AVE	
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		

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: *Brian G. Campbell* **REQUIRED BRIAN G. CAMPBELL 4/1/03 407-892-3227**

CR2E037 (10/02)