

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000597

FILED
May 27, 2004
Secretary of State**Entity Name:** ST. LUKE'S CHRISTIAN ACADEMY AND PRE-SCHOOL, INC.**Current Principal Place of Business:**910 W. QUINCY ST.
LAKELAND, FL 33805**New Principal Place of Business:****Current Mailing Address:**910 W. QUINCY ST.
LAKELAND, FL 33805**New Mailing Address:****FEI Number:** 59-1697427**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**JOHNSON, ARTHUR L SR.
910 WEST QUINCY ST.
LAKELAND, FL 33805 US**Name and Address of New Registered Agent:**

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:

Title: PD () Delete
Name: JOHNSON, CLARISE,
Address: 34 MISTY MEADOW LANE
City-St-Zip: MULBERRY, FL 33860

Title: PD () Delete
Name: JOHNSON, ARTHUR,
Address: 910 WEST QUINCY STREET
City-St-Zip: LAKELAND, FL 33805

Title: D () Delete
Name: DAVIS, KAY D.,
Address: 1214 PROVIDENCE RD
City-St-Zip: LAKELAND, FL

Title: D () Delete
Name: LUCAS, SHANNA S
Address: 5109 GREENGLEN LN
City-St-Zip: LAKELAND, FL 33811

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 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: D KAY DAVIS

D

05/27/2004

Electronic Signature of Signing Officer or Director

Date