



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2004 8:00 am
Secretary of State

07-07-2004 90001 013 ****70.00

DOCUMENT # N94000002211 1. Entity Name ST. LUKE EVANGELICAL LUTHERAN CHURCH OF LAKE CITY FLORIDA, INCORPORATED					
Principal Place of Business RT 21 BOX 469 LAKE CITY, FL 32024 US			Mailing Address RT 21 BOX 469 LAKE CITY, FL 32024 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 145 SW SweetHorse 2nd Dr. Suite, Apt. #, etc.			
City & State LAKE CITY FL		City & State LAKE CITY FL		4. FEI Number 53-2934165	
Zip 32024		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BAEZAIRE, JAMES R EMERALD LAKES DR RR20 BOX 1086-1 LAKE CITY, FL 32055				7. Name and Address of New Registered Agent Name Bezaire, James R Street Address (P.O. Box Number is Not Acceptable) 343 SW Hudson Lane #101 City LAKE CITY FL Zip Code 32025	
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 <u><i>James R. Bezaire</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>7/5/04</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	M BEZAORE, JAMES R P.O. BOX 42 LAKE CITY, FL 32056	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	M Bezaire, James R 343 SW Hudson Lane #101 LAKE CITY FL 32024	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JAFGER, ROBERT RT. 18 BOX 18768 LAKE CITY, FL 32025	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOLBROOK, Diane 359 SW Ridgeview Pl LAKE CITY FL 32024-9362	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSS, JACKIE 21367 168TH STREET LIVE OAK, FL 32060	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D McCullough, Albert L. 9585 178th St. McAlpin, FL 32062	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RELLA, DANIEL 306 SW GEORGIA GLEN FORT WHITE, FL 32038	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Campbell, Harvey Rt. 4 Box 345 LAKE CITY FL 32024	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLBROOK, DIANE RT. 21 BOX 459 LAKE CITY, FL 32024	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHLUMDBERGER, JILL RT. 13 BOX 264 LAKE CITY, FL 32055	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>James R. Bezaire</i></u> James R. Bezaire <u>7/5/04</u> (386) 752-3807 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					