2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 03, 2005 8:00 am Secretary of State

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DOCUMENT # N94000002211 1. 00000000000 ST. LUKE EVANGELICAL LUTHERAN CHURCH OF LAKE CITY FLORIDA, INCORPORATED			E		03-03-2005 90169 027 ****70.00				
RT 21 BOX 4 LAKE CITY, F	1 69	o oddoooloocoo 145 SW SWEETBREEZE LAKE CITY, FL 32024	DR. US						
	Place of Business in Sweetbreeze Dr.	3. Mailing Address							
Suite, Apt.		Suite, Apt. #, etc.			02252005	Chg-NP	CR2E	037 (10/03)	
City & Stat	City FL	City & State			4. FEI Number 53-2934	165	· <u>. </u>	 	pplied For ot Applicable
Zip 320	24 Country	Zip	Country		5. Certificate of	Status Desire	d 2	\$8.75 Add	ditional ed
	6. Name and Address of Current	Registered Agent			7. Name and A	ddress of Ne	w Registered	<u> </u>	-
BEZAIRE.	JAMES R		ف ممم			:			
343 SW H	UDSON LANE		. 10000	m 2000000 0	10 ar maganan ee gea	man aan 9899A	مهوم		
LAKE CIT	Y, FL 32055								
			0 000				F	- 1	_
	named entity submits this statement to	r the purpose of changing its	registered office	or register	red agent, or both,	in the State o	Florida. I ar	n familiar with,	and accept
	tions of registered agent.								
		James and title if applicable. (NOTE		OLICE.	i when reinstating)		2- DATE	25-0	5_
the obligat	Signature hoped or printed name of registered agent Filling Fee is \$61.25	and title if applicable. (NOTE 9. DIDDUDGE OD	R. Bez		\$5.00 May Be		DATE	ck payable t	10 7 ž
the obligat	Signapord typed or punted name of registered agent Filling Fee is \$61.25 Due by May 1, 2005	and title if applicable. (NOTE 9. DESCRIPTION DESCRIPTION DESCRIPTION ONLY ONLY	R. Bez				DATE		10 7 ž
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12. I nereby 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:	James R. Be	raice 2.25-05	386 752 380
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #