


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

[illegible]

DOCUMENT # N94000002211

03-03-2005 90169 027 ****70.00

1. OFFICE OF
ST. LUKE EVANGELICAL LUTHERAN CHURCH OF LAKE
CITY FLORIDA, INCORPORATED



RT 21 BOX 469
LAKE CITY, FL 32024 US

145 SW SWEETBREEZE DR.
LAKE CITY, FL 32024 US

2. Principal Place of Business
145 SW Sweetbreeze Dr.
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Lake City FL

City & State

Zip
32024

Country
US

Zip

Country

6. Name and Address of Current Registered Agent
BEZAIRE, JAMES R
343 SW HUDSON LANE
#101
LAKE CITY, FL 32055

7. Name and Address of New Registered Agent

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: James R. Bezaire 2-25-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2005

9. ☐ \$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10.

TITLE	M	<input checked="" type="checkbox"/> Delete
NAME	BEZAORE, JAMES R	
STREET ADDRESS	343 SW HUDSON LANE #101	
CITY-ST-ZIP	LAKE CITY, FL 32024	
TITLE	P	<input type="checkbox"/> Delete
NAME	HOLBROOK, DIANE	
STREET ADDRESS	359 SW RIDGEVIEW PL	
CITY-ST-ZIP	LAKE CITY, FL 320249362	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCCULLOUGH, ALBERT L	
STREET ADDRESS	9585 178TH STREET	
CITY-ST-ZIP	MC ALPIN, FL 32062	
TITLE	V	<input type="checkbox"/> Delete
NAME	RELLA, DANIEL	
STREET ADDRESS	306 SW GEORGIA GLEN	
CITY-ST-ZIP	FORT WHITE, FL 32038	
TITLE	D	<input type="checkbox"/> Delete
NAME	CAMPBELL, HARVEY	
STREET ADDRESS	RT. 4, BOX 345	
CITY-ST-ZIP	LAKE CITY, FL 32024	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11.

TITLE	M	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bezaire, James R	
STREET ADDRESS	343 SW Hudson Ln. #101	
CITY-ST-ZIP	Lake City FL 32024	
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		
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: James R. Bezaire 2-25-05 386 752 3807
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #