


FILE NOW: FILING FEE IS \$61.25

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Apr 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000006116 (7)
1. Corporation Name
ST. LUKE THE EVANGELIST CHURCH, INC.



Principal Place of Business 5550 NW 40TH STREET COCONUT CREEK FL 33073	Mailing Address 5550 NW 40TH STREET COCONUT CREEK FL 33073
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3. Date Incorporated or Qualified
12/14/1994

4. FEI Number 65-0541322	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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2. Principal Place of Business 21 950 S. Cypress Rd Suite, Apt. #, etc.	2a. Mailing Address <i>no ERBELDING</i> 26 8162 NW 72 MANOR Suite, Apt. #, etc.
23 POMPANO FL City & State	28 CORAL SPRINGS FL City & State
25 BROWARD Country	30 BROWARD Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

**HITCHINSON, KAREN A
1500 NW 4TH STREET
BOCA RATON FL 33486**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	GOLDSMITH, CHARLES E
STREET ADDRESS	2316 CYPRESS BEND DR. #420
CITY-ST-ZIP	POMPANO BEACH FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	BEHAM, LISBETH
STREET ADDRESS	9402 NW 36TH COURT
CITY-ST-ZIP	CORAL SPRINGS FL 33065
TITLE	D <input type="checkbox"/> DELETE
NAME	ERBELDING, JOHN II
STREET ADDRESS	8162 NW 72ND MANOR
CITY-ST-ZIP	CORAL SPRINGS FL 33071
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"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	D LUCAS, BARBARA M.
1.3 STREET ADDRESS	8729 FOREST HILLS BLVD
1.4 CITY-ST-ZIP	CORAL SPRINGS FL 33065
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	D ANDERSON, GARY
2.3 STREET ADDRESS	5720 NW 62 MANOR
2.4 CITY-ST-ZIP	CORAL SPRINGS PARKLAND FL 33067
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Barbara M Lucas* 3/5/98

CR2E037 (10/97)