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NONPROFIT CORPORATION ANNUAL REPORT **1998 1999**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **N94000006116V (7)**
 1. Corporation Name
ST. LUKE THE EVANGELIST CHURCH INC.

Principal Place of Business Mailing Address
950 S. CYPRESS ROAD 8162 NW 72 MANOR
POMPANO FL CORAL SPRINGS FL

2. Principal Place of Business 2a. Mailing Address
 21 **5915 PARK DR** 26 **8162 NW 2nd MANOR**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22
 23 **MARGATE FL** 28 **CORAL SPRINGS FL**
 City & State City & State
 24 **33063** 25 **USA** 29 **33071** 30 **USA**
 Zip Country Zip Country

3. Date Incorporated or Qualified
12/14/1994

4. FEI Number Applied For
65-0541322 Not Applicable

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
HUTCHINSON, KAREN A
1500 NW 4 STREET
BOCA RATON FL 33486

10. Name and Address of New Registered Agent
 81 Name **SUSAN ERBELDING**
 82 Street Address (P.O. Box Number is Not Acceptable)
8162 NW 2nd MANOR
 83
 84 City **CORAL SPRINGS** FL 85 Zip Code **33071**

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 617.1503, Florida Statutes.
 SIGNATURE **Susan Erbelding (Susan Erbelding)** DATE **March 16 1999**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	LUCAS, BARBARA M.
STREET ADDRESS	8729 FOREST HILLS BLVD
CITY-ST-ZIP	CORAL SPRINGS FL 33065
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	ANDERSON, GARY
STREET ADDRESS	5720 NW 62 MANOR
CITY-ST-ZIP	PARKLAND FL 33067
TITLE	D <input type="checkbox"/> DELETE
NAME	ERBELDING, JOHN II
STREET ADDRESS	8162 NW 2nd 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 type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	HUNTER, CORBETTE WM.
2.3 STREET ADDRESS	114 NE 51 COURT
2.4 CITY-ST-ZIP	POMPANO BEACH FL 33064
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** **3/15/99** **(954) 346-7208**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CORPORATION