


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 25, 1999 8:00 am**  
**Secretary of State**

03-25-1999 90061 003 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1998 1999</b>		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>N94000006116V (7)</b>			
1. Corporation Name <b>ST. LUKE THE EVANGELIST CHURCH INC.</b>			
Principal Place of Business <b>950 S. CYPRUS ROAD POMPANO FL</b>		Mailing Address <b>8162 NW 72 MANOR CORAL SPRINGS FL</b>	
2. Principal Place of Business 21 <b>5915 PARK DR</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>8162 NW 2nd MANOR</b> Suite, Apt. #, etc.	
22 City & State 23 <b>MARGATE FL</b> Zip Country 24 <b>33063</b> 25 <b>USA</b>		28 City & State 28 <b>CORAL SPRINGS FL</b> Zip Country 29 <b>33071</b> 30 <b>USA</b>	
3. Date Incorporated or Qualified <b>12/14/1994</b>		4. FEI Number <b>65-0541322</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners' association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>HUTCHINSON, KAREN A 1500 NW 4 STREET BOCA RATON FL 33486</b>		10. Name and Address of New Registered Agent 81 Name <b>SUSAN ERBELDING</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>8162 NW 2nd MANOR</b> 83 84 City <b>CORAL SPRINGS</b> FL 85 Zip Code <b>33071</b>	
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 <b>Susan Erbelding (Susan Erbelding)</b> DATE <b>March 16 1999</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> DELETE <b>LUCAS, BARBARA M. 8729 FOREST HILLS BLVD CORAL SPRINGS FL 33065</b>	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>HUNTER, CORBETTE WM. 114 NE 51 COURT POMPANO BEACH FL 33064</b>
TITLE <input checked="" type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> DELETE <b>ANDERSON, GARY 5720 NW 62 MANOR PARKLAND FL 33067</b>	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	D <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>ERBELDING, JOAN II 8162 NW 2nd MANOR CORAL SPRINGS FL 33071</b>
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> DELETE <b>ERBELDING, JOAN II 8162 NW 2nd MANOR CORAL SPRINGS FL 33071</b>	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	D <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>ERBELDING, JOAN II 8162 NW 2nd MANOR CORAL SPRINGS FL 33071</b>
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> DELETE <b>ERBELDING, JOAN II 8162 NW 2nd MANOR CORAL SPRINGS FL 33071</b>	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	D <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>ERBELDING, JOAN II 8162 NW 2nd MANOR CORAL SPRINGS FL 33071</b>
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> DELETE <b>ERBELDING, JOAN II 8162 NW 2nd MANOR CORAL SPRINGS FL 33071</b>	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	D <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>ERBELDING, JOAN II 8162 NW 2nd MANOR CORAL SPRINGS FL 33071</b>
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> DELETE <b>ERBELDING, JOAN II 8162 NW 2nd MANOR CORAL SPRINGS FL 33071</b>	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	D <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>ERBELDING, JOAN II 8162 NW 2nd MANOR CORAL SPRINGS FL 33071</b>
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: <b>Barbara M. Lucas</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>3/15/99</b> Daytime Phone # <b>(954) 346-7208</b>	