

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2000 8:00 am
Secretary of State

02-11-2000 90023 015 ****61.25

DOCUMENT # N94000006116

1. Entity Name

ST. LUKE THE EVANGELIST CHURCH, INC.

Principal Place of Business

Mailing Address

960 S CYPRESS RD
 POMPANO FL 33073
 US

8162 NW 2ND MAOR
 CORAL SPRINGS FL 33071
 US

2. Principal Place of Business

3. Mailing Address

5916 PARK DRIVE
 Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MARGATE FL

4. FEI Number

65-0541322

Applied For

Not Applied

Zip

Country

Zip

Country

33063

USA
~~BRITAIN~~

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ERBELDING, SUSAN
 8162 NW 2ND MANOR
 CORAL SPRINGS FL 33071

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Susan Erbelding

2/7/00

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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 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 72ND MANOR
CITY-ST-ZIP	CORAL SPRINGS FL 33071
TITLE	D <input type="checkbox"/> Delete
NAME	HUNTER, CORBETTE W
STREET ADDRESS	114 NE 51 COURT
CITY-ST-ZIP	POMPANO BCH FL 33064
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"/> Change <input type="checkbox"/>
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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, as changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: * *Susan Erbelding* **SIGNATURE REQUIRED**

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

2/7/00

Date

954-755-8090

Daytime Phone #