

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003440

FILED
Apr 19, 2005
Secretary of State

Entity Name: ST. LUKE FULL GOSPEL BAPTIST CHURCH, INC.

Current Principal Place of Business:

4230 N.O.B.T.
ZELLWOOD, FL 32798

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 182
ZELLWOOD, FL 32798

New Mailing Address:

FEI Number: 59-3486050

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRADFORD, HEZEKIAH JR
573 SMOKEMONT CT.
APOPKA, FL 32712 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BRADFORD, HEZEKIAH JR
Address: 573 SMOKEMONT CT.
City-St-Zip: APOPKA, FL 32712

Title: TD () Delete
Name: CRITTENDEN, RODNEY
Address: 1316 SANDY JEAN COURT
City-St-Zip: APOPKA, FL 32703

Title: VD () Delete
Name: BRADFORD, VERONICA I
Address: 573 SMOKEMONT CT.
City-St-Zip: APOPKA, FL 32712

Title: SD () Delete
Name: JONES, ANDREA
Address: 1819 S. WAHSINGTON AVE
City-St-Zip: APOPKA, FL 32703

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: MOORE, ALISON
Address: 1891 S. WASHINGTON AVE
City-St-Zip: APOPKA, FL 32703

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HEZEKIAH BRADFORD, JR.

PD

04/19/2005

Electronic Signature of Signing Officer or Director

Date