

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000003440

**FILED**  
**Jan 18, 2012**  
**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:**

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

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:

01/18/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

Title: TD  
Name: ROUSE, DERRICK  
Address: 3420 VALEVIEW DR  
City-St-Zip: APOPKA, FL 32712 US

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

Title: SD  
Name: MOORE, ALISON  
Address: 25 W 13TH STREET  
City-St-Zip: APOPKA, FL 32703 US

I hereby 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 all other like empowered.

SIGNATURE: HEZEKIAH BRADFORD, JR.

PD

01/18/2012

Electronic Signature of Signing Officer or Director

Date