

2000 UNIFORM BUSINESS REPORT (UBR)

0002848

DOCUMENT # N98000006951

1. Entity Name

SAINT LUKE AFRICAN METHODIST EPISCOPAL CHURCH, I

Principal Place of Business

5051 N LANE
ORLANDO FL 32808
US

Mailing Address

3728 W JEFFERSON STREET
ORLANDO FL 32805
US

2. Principal Place of Business

5051 N Lane

3. Mailing Address

3728 W. Jefferson St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, Florida

City & State

Orlando, FL

Zip

32808

Country

U.S.A.

Zip

32805

Country

U.S.A.

6. Name and Address of Current Registered Agent

MURPHY, MARY A
3728 W JEFFERSON STREET
ORLANDO FL 32805

REINSTATEMENT 00-01

4. FEI Number

52-2169358

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

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

Mary A. Murphy, Pastor

12-15-00

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

After September 13, 2000 min. will be \$236.25

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

TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIS, MONROE H	
STREET ADDRESS	1232 ORVID HILL AVE	
CITY-ST-ZIP	BALITMORE MD	
TITLE	D	<input type="checkbox"/> Delete
NAME	NAPPER, R O	
STREET ADDRESS	550 N 58 STREET	
CITY-ST-ZIP	PHILADELPHIA PA	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, W H	
STREET ADDRESS	400 TEA ST NW	
CITY-ST-ZIP	WASHINGTON DC	
TITLE	TR	<input type="checkbox"/> Delete
NAME	DAVIS, RANELLE	
STREET ADDRESS	4109 CEPEDA ST	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE	S	<input type="checkbox"/> Delete
NAME	LOVETT, MARY L	
STREET ADDRESS	4192 BOOKER ST	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE	C	<input type="checkbox"/> Delete
NAME	MURPHY, MARY A	
STREET ADDRESS	3728 W JEFFERSON ST	
CITY-ST-ZIP	ORLANDO FL 32805	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Debbie Eday	
STREET ADDRESS	4109 cepeda st	
CITY-ST-ZIP	Orlando, FL 32805	
TITLE	Trustee	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tim Gallon	
STREET ADDRESS	4109 Cepeda St	
CITY-ST-ZIP	Orlando, FL 32811	
TITLE	Trustee	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Veronica McKenzie	
STREET ADDRESS	#192 Booker St	
CITY-ST-ZIP	Orlando, FL 32811	
TITLE	Trustee	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Milton McCulloch	
STREET ADDRESS	5476 Lescot Lane	
CITY-ST-ZIP	Orlando, FL 32811	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Mary A. Murphy, Pastor

12-15-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)