

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2002 8:00 am**  
**Secretary of State**

05-23-2002 90034 007 \*\*\*\*75.00

**DOCUMENT # N98000006951**

1. Entity Name

**SAINT LUKE AFRICAN METHODIST EPISCOPAL CHURCH, I  
 NC.**

Principal Place of Business

Mailing Address

5051 N LANE  
 ORLANDO FL 32808  
 US

3728 W JEFFERSON STREET  
 ORLANDO FL 32805  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**52-2169358**

Applied For

Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MURPHY, MARY A**  
**3728 W JEFFERSON STREET**  
**ORLANDO FL 32805**

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 Alice Murphy, pastor*

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

(NOTE: Registered Agent signature required when reinstating)

*April 30, 02*

DATE

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

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

**\$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	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	

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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Alice Murphy, pastor*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/30/02*

Date

Daytime Phone #

CR2E037 (9/01)