2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2017
Secretary of State
CC7469823308

DOCUMENT# 730771

Entity Name: ST. LUKE MISSIONARY BAPTIST CHURCH OF KISSIMMEE, INC.

Current Principal Place of Business:

400 E COLUMBIA ST.
KISSIMMEE, FL 34744

Current Mailing Address:

PO BOX 451630
KISSIMMEE, FL 34745-1630

FEI Number: 59-3595170

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

LOMAX, RONALD C
305 LESESNE STREET
KISSIMMEE, FL 34744 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:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	CM
Name	LEWIS, HENRY N
Address	1813 TAHITI PLACE
City-State-Zip:	KISSIMMEE FL 34744

Title	D
Name	HOOKER, JAMES
Address	307 DICKSON ST
City-State-Zip:	KISSIMMEE FL 34744

Title	D
Name	TYNES, CARLTON A
Address	3680 FOUNTAINBLEU BLVD.
City-State-Zip:	KISSIMMEE FL 34746

Title	DEACON
Name	FLOWERS, GREGORY SR.
Address	307 LESESNE ST.
City-State-Zip:	KISSIMMEE FL 34744

Title	DT
Name	LOMAX, RONALD C
Address	305 LESESNE STREET
City-State-Zip:	KISSIMMEE FL 34744

Title	PD
Name	MCKINNIE, JOHNNY M. REV.
Address	PO BOX 451630
City-State-Zip:	KISSIMMEE FL 34745-1630

Title	DEACON
Name	FLOWERS, TOMMY SR.
Address	2902 CANOE CIRCLE
City-State-Zip:	ST. CLOUD FL 34779

Title	DEACON
Name	MAJORS, ROBERT JR.
Address	2365 BRONCO DRIVE
City-State-Zip:	ST. CLOUD FL 34771

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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: RONALD C. LOMAX DEACON/TREASURER 01/24/2017

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DEACON
Name	REFOUR, JAMES
Address	4115 VESSEL CT.
City-State-Zip:	KISSIMMEE FL 34746

Title	DEACON
Name	SHULAR, TOMMIE
Address	125 FLEMING LN
City-State-Zip:	DAVENPORT FL 33837