

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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

CHURCH TREASURER

03/01/2018

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