#### **2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT# 730771** 

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

FILED
Mar 23, 2022
Secretary of State
2767469514CC

# **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 | Title | DT |
|-------|----|-------|----|
|       |    |       |    |

NameLEWIS, HENRY NNameLOMAX, RONALD CAddress1813 TAHITI PLACEAddress305 LESESNE STREETCity-State-Zip:KISSIMMEE FL 34744City-State-Zip:KISSIMMEE FL 34744

Title PD Title DEACON

NameMCKINNIE, JOHNNY M. REV.NameFLOWERS, TOMMY SR.AddressPO BOX 451630Address2902 CANOE CIRCLECity-State-Zip:KISSIMMEE FL 34745-1630City-State-Zip:ST. CLOUD FL 34779

Title DEACON Title DEACON

NameREFOUR, JAMESNameSHULAR, TOMMIEAddress4115 VESSEL CT.Address125 FLEMING LN

City-State-Zip: KISSIMMEE FL 34746 City-State-Zip: DAVENPORT FL 33837

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 FINANCIAL TREASURER