

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 736249

Entity Name: ST. LUKE'S MINISTRIES, INC.

Current Principal Place of Business:

910 QUINCY STREET
LAKELAND, FL 33815

Current Mailing Address:

910 QUINCY STREET
LAKELAND, FL 33815 US

FEI Number: 59-1697427

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

JOHNSON,SR., ARTHUR L
910 QUINCY STREET
LAKELAND, FL 33815 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 DIRECTOR
Name HOSKINS,SR., ARTHUR J
Address 715 TEXAS AVE
City-State-Zip: LAKELAND FL 33811

Title PRESIDENT, DIRECTOR
Name JOHNSON,SR., ARTHUR L
Address 34 MISTY MEADOW LANE
City-State-Zip: MULBERRY FL 33860

Title SECRETARY, DIRECTOR
Name LUCAS, SHELA
Address 3532 LORI LANE
City-State-Zip: LAKELAND FL 33805

Title VP, DIRECTOR
Name JOHNSON, CLARISE
Address 34 MISTY MEADOW LANE
City-State-Zip: MULBERRY FL 33860

Title DIRECTOR
Name GREGORY, JESSIE
Address 5155 SPANISH OAKS DRIVE
City-State-Zip: LAKELAND FL 33805

Title DIRECTOR
Name JOHNSON, ALICIA M
Address 6670 CHIANTI AVE
City-State-Zip: LAKELAND FL 33811

Title DIRECTOR
Name COLLINS, SERGIO V
Address 6670 CHIANTI AVE
City-State-Zip: LAKELAND FL 33811

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: CLARISE JOHNSON

PD

04/21/2017

Electronic Signature of Signing Officer/Director Detail

_____ Date