

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09737

**Entity Name:** ST. LUKE CHURCH OF GOD APOSTOLIC FAITH,  
INCORPORATED

**Current Principal Place of Business:**

15246 21ST STREET  
DADE CITY, FL 33523

**Current Mailing Address:**

PO BOX 2148  
DADE CITY, FL 33526 US

**FEI Number:** 59-1890818

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MCKNIGHT, ANNIE BPDC  
14801 N 11TH STREET  
DADE CITY, FL 33523 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:** ANNIE MCKNIGHT

04/07/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PDC  
Name MCKNIGHT, ANNIE B  
Address 14801 N 11TH STREET  
City-State-Zip: DADE CITY FL 33523

Title VD, CHAIRMAN  
Name SMITH, FRANK JR.  
Address 14708 17TH STREET  
City-State-Zip: DADE CITY FL 33523

Title TREASURER, DIRECTOR  
Name HARRIS, ETHEL  
Address 14812 12TH STREET  
City-State-Zip: DADE CITY FL 33523

Title SECRETARY, DIRECTOR  
Name HOWELL-NORMAN, SHAQUNDRA  
CHYRIE  
Address 14419 17TH STREET  
City-State-Zip: DADE CITY FL 33523

Title DIRECTOR  
Name PONDER, DONNELL  
Address 38528 HENRY DR.  
City-State-Zip: ZEPHYRHILLS FL 33542

Title DIRECTOR  
Name PONDER, GLENDA  
Address 38528 HENRY DR.  
City-State-Zip: ZEPHYRHILLS FL 33542

Title DIRECTOR  
Name HARRIS, GRANVILLE  
Address 14812 12TH STREET  
City-State-Zip: DADE CITY FL 33523

*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:** SHAQUNDRA HOWELL-NORMAN

STATE SECRETARY

04/07/2021

Electronic Signature of Signing Officer/Director Detail

Date