## 2015 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:** 

15246 21ST STREET DADE CITY, FL 33523 US

FEI Number: 59-1890818 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SMITH, ETHEL BPDC 7341 JILL LANE ZEPHYRHILLS, FL 33540 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

FILED Feb 05, 2015

**Secretary of State** 

CC5858514166

Officer/Director Detail:

Title PDC Title VD

NameSMITH, ETHEL BNameMCKNIGHT, ANNIE SDAddress7341 JILL LANEAddress14801 N 11TH STREET

City-State-Zip: ZEPHYRHILLS FL City-State-Zip: DADE CITY FL

Title SD Title T

NameDAVIS, EVA SDNameHARRIS, ETHELAddress37246 MARSHALL DRAddress14812 12TH STREET

City-State-Zip: DADE CITY FL 33523 City-State-Zip: DADE CITY FL

Title D Title D

Name BROWN, SANDRA Name SMITH, FRANK, JR.

Address 37445 ORANGE ROW LANE Address 14708 17TH STREET

City-State-Zip: DADE CITY FL City-State-Zip: DADE CITY FL

Title D

Name NORMAN, BETTY

Address 37240 VALERA AVENUD
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: EVA DAVIS SD 02/05/2015