

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000003440

**Entity Name:** ST. LUKE FULL GOSPEL BAPTIST CHURCH, INC.

**Current Principal Place of Business:**

4230 N.O.B.T.  
ZELLWOOD, FL 32798

**FILED**  
**Mar 02, 2016**  
**Secretary of State**  
**CC4147134754**

**Current Mailing Address:**

P.O. BOX 182  
ZELLWOOD, FL 32798

**FEI Number: 59-3486050**

**Certificate of Status Desired: No**

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

BRADFORD, HEZEKIAH JR  
573 SMOKEMONT CT  
APOPKA, FL 32712 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 PD  
Name BRADFORD, HEZEKIAH JR  
Address 573 SMOKEMONT CT.  
City-State-Zip: APOPKA FL 32712

Title TD  
Name ROUSE, DERRICK  
Address 413 CLARK STREET  
City-State-Zip: EATONVILLE FL 32751

Title VD  
Name BRADFORD, VERONICA I  
Address 573 SMOKEMONT CT.  
City-State-Zip: APOPKA FL 32712

Title SD  
Name MOORE, ALISON  
Address 3001 NORTHLAND RD #58  
City-State-Zip: MOUNT DORA FL 32757

*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: PASTOR HEZEKIAH BRADFORD, JR**

**PD**

**03/02/2016**

Electronic Signature of Signing Officer/Director Detail

Date