

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704893

Entity Name: ST. ANDREW LUTHERAN CHURCH, INC.

FILED
May 01, 2004
Secretary of State

Current Principal Place of Business:

295 NORTH WEST PRIMA VISTA BLVD
PORT ST LUCIE, FL 34983

New Principal Place of Business:

Current Mailing Address:

295 NORTH WEST PRIMA VISTA BLVD
PORT ST LUCIE, FL 34983

New Mailing Address:

FEI Number: 59-1098277

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAY, LARRY
829 SE EVERGREEN TERR
PORT ST LUCIE, FL 34983 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: CLEMENS, ROBERT R
Address: 476 THAMES BLUFF RIDGE
City-St-Zip: FT PIERCE, FL 34982

Title: D () Delete
Name: BOCK, EDWARD
Address: 575 SW EUCLID LANE
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: P () Delete
Name: MOBERG, DAVID
Address: 164 NE ROYCE
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: VP () Delete
Name: KISSINGER, RUTH
Address: 3604 SLEEPY HOLLOW LANE
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: S () Delete
Name: BOTTCHEER, CAROLYN
Address: 1542 SE BERKSHIRE BLVD
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: D () Delete
Name: LEE, WILLIAM
Address: 1226 SW FLETCHER LN
City-St-Zip: PORT SAINT LUCIE, FL 34953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: RADISH, CARL I
Address: 162 NW FRIAR STREET
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: WINDT, JUDY
Address: 444 SWHIBISCUS STREET
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: S (X) Change () Addition
Name: WILL, DORIS
Address: 591 SW TODD AVENUE
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CARL RADISH

T

05/01/2004

Electronic Signature of Signing Officer or Director

Date