

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704893

FILED  
May 01, 2005  
Secretary of State

Entity Name: ST. ANDREW LUTHERAN CHURCH, INC.

## 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 ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## 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:

SINN, THOMAS  
8722 SE SANDCASTLE CIRCLE  
HOBE SOUND, FL, FL 33455      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: THOMAS SINN

05/01/2005

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

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

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: WINDT, JUDY  
Address: 444 SWHIBISCUS STREET  
City-St-Zip: PORT SAINT LUCIE, FL 34952

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

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

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

Title: P      (X) Change ( ) Addition  
Name: SATTER, EDWIN  
Address: 1774 SW COLUMBIA STREET  
City-St-Zip: PORT SAINT LUCIE, FL 34987

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

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

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

05/01/2005

Electronic Signature of Signing Officer or Director

Date