I hereby certify that the information indicated on this report or supplemental report is true and accurate	e and that my electronic signature shall have the same	e 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	e this report as required by Chapter 617, Florida Statu	tes; and that my name appears
above, or on an attachment with all other like empowered.		
SIGNATURE: KEITH ERICKSON	PRESIDENT	04/11/2013

PRESIDENT

Electronic Signature of Signing Officer/Director Detail

## Entity Name: ST. ANDREW LUTHERAN CHURCH, INC. **Current Principal Place of Business:**

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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

## **Current Mailing Address:**

**DOCUMENT# 704893** 

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

## FEI Number: 59-1098277

## Name and Address of Current Registered Agent:

DANGERFIELD, DAVID E 295 NW PRIMA VISTA BLVD PORT ST LUCIE, FL 34983 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	REV. DAVID E. DANGERFIELD			04/11/2013	
	Electronic Signature of Registered Agent			Date	
Officer/Director Detail :					
Title	P	Title	Т		
Name	ERICKSON, KEITH	Name	STONE, ZETHELIA		
Address	2900 SERENITY CIRCLE SOUTH	Address	11424 SW HILLCREST CIRCLE		
City-State-Zip:	PORT ST. LUCIE FL 34981	City-State-Zip:	PORT ST LUCIE FL 34987		
Title	D	Title	S		
Name	STILWELL, PATRICIA	Name	DOMBROWSKY, NORBERT		
Address	766 SW CURTIS STREET	Address	472 SW FUGE ROAD		
City-State-Zip:	PORT SAINT LUCIE FL 34983	City-State-Zip:	STUART FL 34997		
Title	D	Title	D		
Name	KOLETSKY, ARLO	Name	ALLTOP, JAMES		
Address	5402 NW CHICOPA STREET	Address	6001 ADONIDIA PLACE		
City-State-Zip:	PORT SAINT LUCIE FL 34983	City-State-Zip:	FORT PIERCE FL 34982		

Certificate of Status Desired: No

FILED Apr 11, 2013 Secretary of State CC4005418654

Date