

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **704893** (7)  
1. Corporation Name  
**ST. ANDREW LUTHERAN CHURCH, INC.**



Principal Place of Business: **295 NORTH WEST PRIMA VISTA BLVD PORT ST LUCIE FL 34983**  
Mailing Address: **295 NORTH WEST PRIMA VISTA BLVD PORT ST LUCIE FL 34983**

3. Date Incorporated or Qualified: **12/10/1962**  
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	<b>59-1098277</b>	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
23	28		
Zip	Country	Zip	Country
24	25	29	30
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
<b>URBAN, REV. CHARLES 1098 NW 13TH ST STUART FL 34994</b>	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CLEMENS, ROBERT R</b>	1.2 NAME	
STREET ADDRESS	<b>476 THAMES BLUFF RIDGE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT PIERCE FL</b>	1.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LINDSAY ROBERT</b>	2.2 NAME	<b>Drews, Raymond</b>
STREET ADDRESS	<b>8540 MARLBERRY COURT</b>	2.3 STREET ADDRESS	<b>2325 Maize Street</b>
CITY-ST-ZIP	<b>PT ST LUCIE FL 34952</b>	2.4 CITY-ST-ZIP	<b>Port St. Lucie, Fl. 34952</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DANISE, JAMES</b>	3.2 NAME	
STREET ADDRESS	<b>750 GALILEAN ST</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PT ST LUCIE FL</b>	3.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VON TABORSKY, ELEANOR</b>	4.2 NAME	<b>Graff, Eric</b>
STREET ADDRESS	<b>281 NW FERRIS DR</b>	4.3 STREET ADDRESS	<b>945 SE Atlantus Avenue</b>
CITY-ST-ZIP	<b>PT ST LUCIE FL</b>	4.4 CITY-ST-ZIP	<b>Port St. Lucie, Fl. 34983</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ERIKSEN, WILMA</b>	5.2 NAME	
STREET ADDRESS	<b>102 W CARIBBEAN</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PT ST LUCIE FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CLARK, GAYLORD</b>	6.2 NAME	
STREET ADDRESS	<b>349 SW DEGOUVEA TERRACE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PT ST LUCIE FL</b>	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: R.R. Clemens H/17/96 407 878 0904  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)