


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 17 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **704893** (7)
1. Corporation Name
ST. ANDREW LUTHERAN CHURCH, INC.



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| 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 34983-1964 |
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|---|------------------|---------------------|-------------|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 12/10/1962 | 3a. Date of Last Report 04/24/1996 |
| 21. Suite, Apt. #, etc. | 22. City & State | 23. Zip | 24. Country | 4. FEI Number 59-1098277 | Applied For <input type="checkbox"/> Not Applicable |
| 25. Suite, Apt. #, etc. | 26. City & State | 27. Zip | 28. Country | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 29. Suite, Apt. #, etc. | 30. City & State | 31. Zip | 32. Country | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 9. Name and Address of Current Registered Agent | | | | 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 URBAN, REV. CHARLES 1098 NW 13TH ST STUART FL 34994 | | | | 10. Name and Address of New Registered Agent | |
| 81. Name | | | | Rev. Milton R. Reisen | |
| 82. Street Address (P.O. Box Number is Not Acceptable) | | | | 295 NW Prima Vista Blvd. | |
| 83. City | | | | Port St. Lucie | |
| 84. State | | | | FL | |
| 85. Zip Code | | | | 34983 | |

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 Milton R. Reison (NOTE: Registered Agent signature required when reinstating) DATE **3-12-97**

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|--|
| TITLE | T <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CLEMENS, ROBERT R | 1.2 NAME | |
| STREET ADDRESS | 476 THAMES BLUFF RIDGE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | FT PIERCE FL | 1.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DREWS, RAYMOND | 2.2 NAME | |
| STREET ADDRESS | 2325 MAIZE STREET | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | PT ST LUCIE FL | 2.4 CITY-ST-ZIP | |
| TITLE | P <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DANISE, JAMES | 3.2 NAME | Mrs. Barbara Schwenger |
| STREET ADDRESS | 750 GALILEAN ST | 3.3 STREET ADDRESS | 5207 Citrus Avenue |
| CITY-ST-ZIP | PT ST LUCIE FL | 3.4 CITY-ST-ZIP | Fort Pierce, FL 34982 |
| TITLE | V <input checked="" type="checkbox"/> DELETE | 4.1 TITLE | Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GRAFF, ERIC | 4.2 NAME | Mr. Edward Birch |
| STREET ADDRESS | 945 SW ATLANTUS AVE | 4.3 STREET ADDRESS | 3813 Sleepy Hollow Lane |
| CITY-ST-ZIP | PT ST LUCIE FL | 4.4 CITY-ST-ZIP | Port St. Lucie, Fl. 34952 |
| TITLE | SD <input checked="" type="checkbox"/> DELETE | 5.1 TITLE | Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ERIKSEN, WILMA | 5.2 NAME | Mrs. Ruth Holbrook |
| STREET ADDRESS | 102 W CARIBBEAN | 5.3 STREET ADDRESS | 9909 S. Indian River Drive |
| CITY-ST-ZIP | PT ST LUCIE FL | 5.4 CITY-ST-ZIP | Fort Pierce, Fl. 34982 |
| TITLE | D <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CLARK, GAYLORD | 6.2 NAME | |
| STREET ADDRESS | 349 SW DEGOUVEA TERRACE | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | PT ST LUCIE FL | 6.4 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CR2E037 (9/96)