


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

**FILED**

**Apr 10 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 704893 (7)**

1. Corporation Name  
**ST. ANDREW LUTHERAN CHURCH, INC.**



Principal Place of Business <b>285 NORTH WEST PRIMA VISTA BLVD PORT ST LUCIE FL 34983</b>	Mailing Address <b>285 NORTH WEST PRIMA VISTA BLVD PORT ST LUCIE FL 34983</b>
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3. Date Incorporated or Qualified <b>12/10/1962</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
4. FEI Number <b>59-1098277</b>		
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**URBAN, REV. CHARLES (DELETE)**  
**295 NW VISTA BLVD**  
**PORT ST LUCIE FL 34983**

10. Name and Address of New Registered Agent

81 Name <b>Reverend Milton R. Reisen</b>
82 Street Address (Post Box Number is Not Acceptable) <b>295 NW Prima Vista Blvd.</b>
83
84 City <b>Port St. Lucie</b>
85 State <b>FL</b>
Zip Code <b>34983</b>

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 **Reverend Milton R. Reisen** (NOTE: Registered Agent signature required when relating)  
 Signature, typed or printed name of registered agent and title if applicable. DATE **4-4-98**

12. OFFICERS AND DIRECTORS

TITLE	<b>T</b> <input type="checkbox"/> DELETE
NAME	<b>CLEMENS, ROBERT R</b>
STREET ADDRESS	<b>476 THAMES BLUFF RIDGE</b>
CITY-ST-ZIP	<b>FT PIERCE FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>DREWS, RAYMOND</b>
STREET ADDRESS	<b>2325 MAIZE STREET</b>
CITY-ST-ZIP	<b>PT ST LUCIE FL</b>
TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>BARBARA SCHWENGER</b>
STREET ADDRESS	<b>5207 CITRUS AVE</b>
CITY-ST-ZIP	<b>FORT PIERCE FL</b>
TITLE	<b>VP</b> <input type="checkbox"/> DELETE
NAME	<b>EDWARD BIRCH</b>
STREET ADDRESS	<b>3813 SLEEPY HOLLOW LANE</b>
CITY-ST-ZIP	<b>PT ST LUCIE FL</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE
NAME	<b>RUTH HOLBROOK</b>
STREET ADDRESS	<b>9909 S INDIAN RIVER DR</b>
CITY-ST-ZIP	<b>FORT PIERCE FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>CLARK, GAYLORD</b>
STREET ADDRESS	<b>349 SW DEGOUVEA TERRACE</b>
CITY-ST-ZIP	<b>PT ST LUCIE FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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.

SIGNATURE: *R.R. Clemens Treas.* **R. R. Clemens Treas. 3/20/98 561 978 0954**

CR2E037 (10/97)