NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 704893

1. Corporation Name

ST. ANDREW LUTHERAN CHURCH, INC.

Principal Place of Business

2. Principal Place of Business

21

Mailing Address

2a. Mailing Address

26

295 NORTH WEST PRIMA VISTA BLVD PORT ST LUCIE FL 34983

295 NORTH WEST PRIMA VISTA BLVD PORT ST LUCIE FL 34983

FILED Jun 21, 1999 8:00 am Secretary of State

06-21-1999 90002 030 ****61.25



Date Incorporated or Qualifed

12/10/1962

Suite, Apt. :	#. etc.	Suite, Ap	ot. #, etc.			4. FEI Number		Apr	died For
22		27				59-1098277		Not	Applicable
City & State	9	City & S	tate	_		E O III I COLLUND DIGITAL		\$8.75 A	dditional
23		28				5. Certificate of Status Desired	1 4	Fee Re	quired
Zip	Country	Zip		Country		6. Election Campaign Financi	ng 🗀	\$5.00	May Be
24	25	29	30	5		Trust Fund Contribution	'' ^{'9} 🗆	Added to	- 1
	9. Name and Address of Currel		ent	<u> </u>		10. Name and Address of Ne	w Registered	Agent	
				81	Name				
REISEN, MILTON R REVER				82 Street Address (P.O. Box Number is Not Acceptable)					
				82 Street Address (P.O. Box Number is Not Acceptable)					
295 NW PRIMA VISTA BLVD				83					
PORT ST LUCIE FL 34983									
				84	City		FI	85 Zip C	code
	to the provisions of Sections 617.050	22 047 1500	Flarida Statutas	the above	named corno	ration submits this statement for	the nurnose of	changing its	registered
office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such of	change was autr	nonzed by	the corporation	n's board of directors. I hereby a	cept the appoi	ntment as reg	jistered
- 0	m ramiliar with, and accept the obliga	arona or, pa caon t	, , , .0000, 1 lb/ld/	- VIGIUIES.	•				}
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable.	(NOTE: Re	gistered Agen	t signature required	when reinstating)	DATE		
12.		ND DIRECTORS		13.		ADDITIONS/CHANGES TO	OFFICERS AN	ID DIRECTO	RS IN 12
TITLE	T	[DELETE	1.1 TITLE				☐ Change	Addition
NAME	CLEMENS, ROBERT R			1.2 NAME					
STREET ADDRESS	476 THAMES BLUFF RIDGE			1.3 STREET	ADDRESS	-			
l	FT PIERCE FL			1.4 CITY-S	1				
CITY-ST-ZIP	D D		DELETE	2.1 TITLE	-			Change	Addition
	DREWS, RAYMOND	·		2.2 NAME					
NAME	2325 MAIZE STREET			2.3 STREET	ADDOESE				Į
STREET ADDRESS	PT ST LUCIE FL			2.3 STREET	ŀ				i
CITY-ST-ZIP	PI SI LUCIE FL		DELETE	3.1 TITLE	1-21			Change	Addition
TITLE	•	'			i				_
NAME	BARBARA SCHWENGER			3.2 NAME					
STREET ADDRESS	5207 CITRUS AVE			3.3 STREET					
CITY-ST-ZIP	FORT PIERCE FL			3.4. CITY-S	T-ZIP			Change	Addition
TITLE	VP		☐ DELETE	4.1 TITLE				Ci sugalde	
NAME	EDWARD BIRCH			4. 2 NAME					
STREET ADDRESS	3813 SLEEPY HOLLOW LANE			4.3 STREET	ADDRESS				
CITY-ST-ZIP	PT ST LUCIE FL			4.4 CITY-S	r-ZIP				□ 6 JJ#
TITLE	S		☐ DELETE	5.1 TITLE				☐ Change	Addition
NAME	ruth Holbrook			5.2 NAME					
STREET ADDRESS	9909 S INDIAN RIVER DR			5.3 STREET	ADDRESS				ļ
CITY-ST-ZIP	FORT PIERCE FL			5.4 CITY+S*	T-ZIP				
TITLE	D		DELETE	6.1 TITLE				☐ Change	☐ Addition
NAME	CLARK, GAYLORD			6.2 NAME					ļ
STREET ADDRESS	349 SW DEGOUVEA TERRACI	E		6.3 STREET	ADDRESS				
CITY-ST-ZIP	PT ST LUCIE FL			6.4 CITY+S	T-ZIP				
14. I hereby o	certify that the information supplied w	ith this filing does	not qualify for th	ne exempti	on stated in S	ection 119.07(3)(i), Florida Statut	es. I further ce	rtify that the in	nformation

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, with all other like empowered.