FILED 2000 UNIFORM BUSINESS REPORT (UBR) Feb 23, 2000 8:00 am Secretary of State DOCUMENT # **704893** 1. Entity Name 02-23-2000 90017 001 ****61.25 ST. ANDREW LUTHERAN CHURCH, INC. Principal Place of Business Mailing Address 295 NORTH WEST PRIMA VISTA BLVD - NORTH WEST PRIMA VISTA BLVD 618750 PORT ST LUCIE FL 34983-1964 J... ST LUCIE FL 34983 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-1098277 Not Applicable Zip \$8.75 Additional Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) REISEN, MILTON R REVER 295 NW PRIMA: VISTA-BLVD PORT ST LUCIE FL 34983 Zip Code CTEST CONTRAIN 8. 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. もある場所ではど Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Make Check Payable to **FILE NOW:** 9. Election Campaign Financing **\$5.00** May Be Trust Fund Contribution. Department of State **FEE IS \$61.25** Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. (66/6)Change ☐ Addition Delete TITLE TITI F CLEMENS, ROBERT R NAME NAME STREET ADDRESS STREET ADDRESS 476 THAMES BLUFF RIDGE CITY-ST-ZIP CITY-ST-ZIP FT PIERCE FL ☐ Addition TITLE x X Change TITLE x Delete DREWS, RAYMOND ---NAME NAME BOCK-, EDWARD STREET ADDRESS 2325 MAIZE STREET STREET ADDRESS 575 SE Euclid Lane CITY-ST-ZIE CITY-ST-ZIP PT ST LUCIE FL Port St. Lucie, FL. 34983 ☐ Change ☐ Addition TITLE TITLE Delete BARBARA SCHWENGER NAME NAME STREET ADDRESS STREET ADDRESS 5207 CITRUS AVE CITY-ST-ZIP CITY-ST-ZIP FORT PIERCE FL ☐ Change ☐ Addition Delete TITLE TITLE

CITY, ST-ZIP, PT-ST-LUCIE FL Port St. Lucie, FL 12." 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

TITLE

NAME

XX Delete

XX Delete

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

BOTTCHER, CAROLYN

GROGAN, CAROL

1542 SE Berkshire Blvd.

Port St. Lucie, FL 34952

1233 SW San Esteban Avenue

XX Change

XX Change

☐ Addition

Addition

EDWARD BIRCH

PT ST LUCIE FL

RUTH HOLBROOK

FORT PIERCE FL

CLARK, GAYLORD

9909 S INDIAN RIVER DR

349:SW DEGOUVEA TERRACE

3813 SLEEPY HOLLOW LANE

NAME

TIT! F

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS:

CITY-ST-ZIP

SIGNATURE