

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704893

FILED
Jun 02, 2006
Secretary of State

Entity Name: ST. ANDREW LUTHERAN CHURCH, INC.

Current Principal Place of Business:

295 NORTH WEST PRIMA VISTA BLVD
PORT ST LUCIE, FL 34983

New Principal Place of Business:

Current Mailing Address:

295 NORTH WEST PRIMA VISTA BLVD
PORT ST LUCIE, FL 34983

New Mailing Address:

FEI Number: 59-1098277 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SINN, THOMAS
8722 SE SANDCASTLE CIRCLE
HOBE SOUND, FL, FL 33455 US

Name and Address of New Registered Agent:

DANGERFIELD, DAVID E REV
295 NW PRIMA VISTA BLVD
PORT ST LUCIE, FL 34983 US

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.

SIGNATURE: REV. DAVID E. DANGERFIELD

06/02/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: RADISH, CARL I
Address: 162 NW FRIAR STREET
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: D () Delete
Name: BOCK, EDWARD
Address: 575 SW EUCLID LANE
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: P () Delete
Name: SATTER, EDWIN
Address: 1774 SW COLUMBIA STREET
City-St-Zip: PORT SAINT LUCIE, FL 34987

Title: VP () Delete
Name: WINDT, JUDY
Address: 444 SWHIBISCUS STREET
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: S () Delete
Name: WILL, DORIS
Address: 591 SW TODD AVENUE
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: D () Delete
Name: LEE, WILLIAM
Address: 1226 SW FLETCHER LN
City-St-Zip: PORT SAINT LUCIE, FL 34953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CLEMENS, ROBERT
Address: 476 THAMES BLUFF RIDGE
City-St-Zip: FT. PIERCE, FL 34982

Title: T (X) Change () Addition
Name: BOCK, EDWARD
Address: 575 SW EUCLID LANE
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: VP (X) Change () Addition
Name: WINDT, JUDY
Address: 444 SW HIBISCUS STREET
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: S (X) Change () Addition
Name: DAWSON, DARLENE
Address: 6012 PALM DR
City-St-Zip: FT. PIERCE, FL 34982

Title: D (X) Change () Addition
Name: CZEKAJ, LINDA
Address: 165 SW HAWTHORNE CIR
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: D (X) Change () Addition
Name: WILL, DORIS
Address: 591 SW TODD AVE
City-St-Zip: PORT SAINT LUCIE, FL 34983

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWARD E. BOCK

T

06/02/2006

Electronic Signature of Signing Officer or Director

Date