


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 28, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 704893**  
 1. Entity Name  
 ST. ANDREW LUTHERAN CHURCH, INC.



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
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**DO NOT WRITE IN THIS SPACE**



02042007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1098277	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
 DANGERFIELD, DAVID E REV  
 295 NW PRIMA VISTA BLVD  
 PORT ST LUCIE, FL 34983

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CLEMENS, ROBERT 476 THAMES BLUFF RIDGE FT. PIERCE, FL 34982
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BOCK, EDWARD 575 SW EUCLID LANE PORT SAINT LUCIE, FL 34983
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WINDT, JUDY 444 SW HIBISCUS STREET PORT SAINT LUCIE, FL 34952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DAWSON, DARLENE 6012 PALM DR FT. PIERCE, FL 34982
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CZEKAJ, LINDA 165 SW HAWTHORNE CIR PORT SAINT LUCIE, FL 34953
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILL, DORIS 591 SW TODD AVE PORT SAINT LUCIE, FL 34983

U00000651779  
 03/09/07-80021-019 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

**SIGNATURE:** Edward E. Bock **EDWARD E. BOCK** 2-25-07 772-878-0854  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #