

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704893

FILED  
Apr 21, 2009  
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 ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: PARKER, CHARLES  
Address: 525 SW HAMPTON CT  
City-St-Zip: PORT SAINT LUCIE, FL 34986

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

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

Title: S ( ) Delete  
Name: SOWINSKI, VICKI  
Address: 394 NW BOUNDARY DR  
City-St-Zip: PORT SAINT LUCIE, FL 34986

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

Title: D ( ) Delete  
Name: KLAUS, JAMES  
Address: 412 NW SHOREVIEW DR  
City-St-Zip: PORT SAINT LUCIE, FL 34986

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: WINDT, JUDY  
Address: 444 SW HIBISCUS STREET  
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: GOLDEN, JOHN  
Address: 206 NW LISERON WAY  
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: KELEHER, MICHAEL  
Address: 2418 SW ABERDEEN STREET  
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: D (X) Change ( ) Addition  
Name: CAVALCANTE, MARLENE  
Address: 1064 NW TUSCANY DRIVE  
City-St-Zip: PORT SAINT LUCIE, FL 34986

I hereby certify that the information supplied with this filing does not qualify 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 BOCK

T

04/21/2009

Electronic Signature of Signing Officer or Director

Date