

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704893

FILED  
Feb 08, 2011  
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  
**Name:** GOLDEN, JOHN  
**Address:** 206 N LISERON WAY  
**City-St-Zip:** PORT SAINT LUCIE, FL 34986

**Title:** T  
**Name:** WINDT, JUDY  
**Address:** 444 SW HIBISCUS STREET  
**City-St-Zip:** FORT PIERCE, FL 34983

**Title:** D  
**Name:** KELEHER, MICHAEL  
**Address:** 2418 SW ABERDEEN STREET  
**City-St-Zip:** PORT SAINT LUCIE, FL 34953

**Title:** S  
**Name:** DOMBROWSKY, NORBERT  
**Address:** 472 SW FUGE ROAD  
**City-St-Zip:** STUART, FL 34997

**Title:** D  
**Name:** GILES, GARY  
**Address:** 766 SW BRYON STREET  
**City-St-Zip:** PORT SAINT LUCIE, FL 34983

**Title:** D  
**Name:** CAVALCANTE, MARLENE  
**Address:** 1064 NW TUSCANY DRIVE  
**City-St-Zip:** PORT SAINT LUCIE, FL 34986

I hereby 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 all other like empowered.

**SIGNATURE:** DAVID E. DANGERFIELD

REV.

02/08/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date