

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90133 015 ****70.00

DOCUMENT # 746771

1. Entity Name

ST. ANDREW EVANGELICAL LUTHERAN CHURCH, INC.



Principal Place of Business

**1901-62ND AVE SOUTH
ST PETERSBURG FL 33712**

Mailing Address

**1901-62ND AVE SOUTH
ST PETERSBURG FL 33712**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-0823951**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**DEAKYNE, JAMES
216 MIRROR LAKE DR N
ST PETE FL 33701**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	ALLISON, CALVIN	
STREET ADDRESS	1425 67TH AVE., S.	
CITY-ST-ZIP	SAINT PETERSBURG FL 33705	
TITLE	D	<input type="checkbox"/> Delete
NAME	BENNETT, DOLORES	
STREET ADDRESS	955 64TH AVE. S	
CITY-ST-ZIP	SAINT PETERSBURG FL 33705	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, NEIL	
STREET ADDRESS	1615 60TH AVE, S	
CITY-ST-ZIP	SAINT PETERSBURG FL 33712	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROOKER, RALPH	
STREET ADDRESS	501 68TH AVE., S.	
CITY-ST-ZIP	SAINT PETERSBURG FL 33705	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BUHROW, JUDITH	
STREET ADDRESS	2136 68TH AVE., S.	
CITY-ST-ZIP	SAINT PETERSBURG FL 33712	
TITLE	D	<input type="checkbox"/> Delete
NAME	COOPER, DENISE	
STREET ADDRESS	4096 40TH ST., S.	
CITY-ST-ZIP	SAINT PETERSBURG FL 33711	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Waldo Haerther	
STREET ADDRESS	6800 19th St, S.	
CITY-ST-ZIP	St. Petersburg, FL 33712	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE: SIGNATURE REQUIRED

CR2E037 (10/02)

Attachment

90021086
746771

OFFICERS AND DIRECTORS

D

Joyce Holmes
2040 Lakewood Club Dr., S. #1N
St. Petersburg, FL 33712

D

Tina McCloud
.1746 63rd Terr., S.
Saint Petersburg, FL 33712

T/D

Soli, Alan
1020 Pinellas Pt. Dr., S.
Saint Petersburg, FL 33705