FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 2:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # C10005 (2)

1. Corporation Name
SAINT ANDREW'S EVANGELICAL LUTHERAN CHURCH OF HO MESTEAD, FLORIDA

Principal Place of Business	Mailing Address
1955 NORTH KROME AVE HOMESTEAD FL 33030	1955 NORTH KROME AVE HOMESTEAD FL 33030

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/17/1992
3a. Date of Last Report: 01/28/1994
4. FEI Number: 59-2340041 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	$68.75 Supplemental Fee Not Required
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

FORD, ALAN
1955 NORTH KROME AVE
HOMESTEAD FL 33030

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	FORD, ALAN J	12 NAME	
STREET ADDRESS	370 NE 15TH STREET	13 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL 33030	14 CITY-ST-ZIP	
TITLE	PD	21 TITLE	PD ☒ Change ☐ Addition
NAME	STEADMAN, GEORGE	22 NAME	WERNTZ, CLARENCE
STREET ADDRESS	18431 S W 238 STREET	23 STREET ADDRESS	29420 S.W. 147 AVE.
CITY-ST-ZIP	HOMESTEAD FL 33031	24 CITY-ST-ZIP	LEISURE CITY, FL. 33033-2840
TITLE	VD	31 TITLE	VD ☒ Change ☐ Addition
NAME	HEWEKER, CHARLES	32 NAME	HECKERT, NOLAN DR.
STREET ADDRESS	18750 SW 316 ST.	33 STREET ADDRESS	29791 S.W. 182 AVE
CITY-ST-ZIP	FLORIDA CITY FL 33030	34 CITY-ST-ZIP	HOMESTEAD, FL 33030
TITLE	SD	41 TITLE	SD ☒ Change ☐ Addition
NAME	PAISHON, SUSAN	42 NAME	GARLES, KAREN
STREET ADDRESS	650 NW 9 ST.	43 STREET ADDRESS	30301 S.W. 172 AVE.
CITY-ST-ZIP	HOMESTEAD FL 33030	44 CITY-ST-ZIP	HOMESTEAD, FL. 33030
TITLE	TD	51 TITLE	☐ Change ☐ Addition
NAME	LUPISELL, EVELYN	52 NAME	
STREET ADDRESS	650 NW 17TH COURT	53 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL 33030	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

DP 5/1/95

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: EVELYN C. LUPISELL Evelyn C. Lupisell 4-22-95 305-247-6618
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0030742