

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

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**

3. Date Incorporated or Qualified: **06/17/1992** 3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-2340041** Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

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: **BRINDLE, RICHARD**
82 Street Address (P.O. Box Number is Not Acceptable): **1709 N.W. 8 TERR.**
83 City: **HOMESTEAD** 84 State: **FL** 85 Zip Code: **33030**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Richard Brindle* **RICHARD BRINDLE P.D.** DATE: **4-11-96**
Signature, typed or printed name of registered agent and b1 e if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: PD	FORD, ALAN J 370 NE 15TH STREET HOMESTEAD FL 33030	1.1 TITLE: <input checked="" type="checkbox"/> DELETE
TITLE: PD	WERNTZ, CLARENCE 29420 SW 147 AVE LEISURE CITY FL 33033-2840	2.1 TITLE: <input checked="" type="checkbox"/> DELETE
TITLE: VD	HECKERT, NOLAN DR 29798 SW 182 AVE HOMESTEAD FL 33030	3.1 TITLE: <input type="checkbox"/> DELETE
TITLE: SD	GARLES, KAREN 30301 SW 172 AVE HOMESTEAD FL 33030	4.1 TITLE: <input checked="" type="checkbox"/> DELETE
TITLE: TD	LUPISELL, EVELYN 650 NW 17TH COURT HOMESTEAD FL 33030	5.1 TITLE: <input type="checkbox"/> DELETE
TITLE:		6.1 TITLE: <input type="checkbox"/> DELETE

1.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.2 NAME: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	P.D. BRINDLE, RICHARD 1709 N.W. 8 TERR. HOMESTEAD, FL. 33030
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.2 NAME: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	S.D. CAMERON, JOHN 26412 S.W. 173 PL. HOMESTEAD, FL. 33031-2308
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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)(k), 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** 305-247-6618
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: **4-11-96** Daytime Phone #

CF2E037 (12/95)