

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

**1955 NORTH KROME AVE
HOMESTEAD FL 33030**

Mailing Address

**1955 NORTH KROME AVE
HOMESTEAD FL 33030**



3. Date Incorporated or Qualified

06/17/1992

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FORD, ALAN
1955 NORTH KROME AVE
HOMESTEAD FL 33030**

81 Name

BRINDLE, RICHARD

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

1709 N.W. 8 TERR.

83

84 City

HOMESTEAD

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.

4-11-96

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE

NAME **FORD, ALAN J**
STREET ADDRESS **370 NE 15TH STREET**
CITY-ST-ZIP **HOMESTEAD FL 33030**

TITLE PD ☒ DELETE

NAME **WERNTZ, CLARENCE**
STREET ADDRESS **29420 SW 147 AVE**
CITY-ST-ZIP **LEISURE CITY FL 33033-2840**

TITLE VD ☐ DELETE

NAME **HECKERT, NOLAN DR**
STREET ADDRESS **29798 SW 182 AVE**
CITY-ST-ZIP **HOMESTEAD FL 33030**

TITLE SD ☒ DELETE

NAME **GARLES, KAREN**
STREET ADDRESS **30301 SW 172 AVE**
CITY-ST-ZIP **HOMESTEAD FL 33030**

TITLE TD ☐ DELETE

NAME **LUPISSELL, EVELYN**
STREET ADDRESS **650 NW 17TH COURT**
CITY-ST-ZIP **HOMESTEAD FL 33030**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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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. LUPISSELL**

305-247-6618

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)