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Jun 03 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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

1855 NORTH KROME AVE
HOMESTEAD FL 33030

Mailing Address

1855 NORTH KROME AVE
HOMESTEAD FL 33030-3239



3. Date Incorporated or Qualified
06/17/1992

3a. Date of Last Report
04/25/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

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

9. Name and Address of Current Registered Agent

RICHARD, BRINDLE
1709 NW 8TH TERR
HOMESTEAD FL 33030

10. Name and Address of New Registered Agent

81 Name REV. BRUCE E. JOHNSON

82 Street Address (P.O. Box Number is Not Acceptable)
2530 S.E. 19 PLACE

83

84 City HOMESTEAD

FL

85 Zip Code 33035

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 *[Signature]*
Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

5/23/97
DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME BRINDLE, RICHARD
STREET ADDRESS 1709 NW 8 TERR
CITY-ST-ZIP HOMESTEAD FL ☒ DELETE

TITLE VD
NAME HECKERT, NOLAN DR
STREET ADDRESS 29798 SW 182 AVE
CITY-ST-ZIP HOMESTEAD FL 33030 ☒ DELETE

TITLE SD
NAME CAMERON, JOHN
STREET ADDRESS 26412 SW 173 PL
CITY-ST-ZIP HOMESTEAD FL ☐ DELETE

TITLE TD
NAME LUPSELL, EVELYN
STREET ADDRESS 650 NW 17TH COURT
CITY-ST-ZIP HOMESTEAD FL 33030 ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME RICE, RICHARD
1.3 STREET ADDRESS 29840 S.W. 168 AVE
1.4 CITY-ST-ZIP HOMESTEAD, FL. 33033 ☒ Change ☐ Addition

2.1 TITLE VD
2.2 NAME SODEMAN, GREGORY
2.3 STREET ADDRESS 29858 S.W. 159 DR.
2.4 CITY-ST-ZIP LEISURE CITY, FL. 33033-3307 ☒ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

14. I do 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 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 *[Signature]*

CR2E037 (9/96)