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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 HOMESTEAD, 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		2a. Mailing Address		4. FEI Number 59-2340041		Applied For	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23 Zip		28 Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
24 Country		29 Country					

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]* **DATE** 5/23/97
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BRINDLE, RICHARD	
STREET ADDRESS	1709 NW 8 TERR	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	HECKERT, NOLAN DR	
STREET ADDRESS	29798 SW 182 AVE	
CITY-ST-ZIP	HOMESTEAD FL 33030	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CAMERON, JOHN	
STREET ADDRESS	26412 SW 173 PL	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	LUPISELL, EVELYN	
STREET ADDRESS	650 NW 17TH COURT	
CITY-ST-ZIP	HOMESTEAD FL 33030	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	RICE, RICHARD	
1.3 STREET ADDRESS	29840 S.W. 168 AVE	
1.4 CITY-ST-ZIP	HOMESTEAD, FL. 33033	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SODEMAN, GREGORY	
2.3 STREET ADDRESS	29858 S.W. 159 DR.	
2.4 CITY-ST-ZIP	LEISURE CITY, FL. 33033-3307	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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)