

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90008 034 \*\*\*\*61.25

0024554

**DOCUMENT # C10005**

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**



2. Principal Place of Business

**21**  
Suite, Apt. #, etc.

City & State

**23**  
Zip

Country

**24**

2a. Mailing Address

**26**  
Suite, Apt. #, etc.

City & State

**27**  
Zip

Country

**28**

**29**

**30**

3. Date Incorporated or Qualified

**06/17/1992**

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

9. Name and Address of Current Registered Agent

**JOHNSON, BRUCE E REV  
2530 SE 19TH PLACE  
HOMESTEAD FL 33035**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**PD**  
**RICE, RICHARD**  
**29840 SW 168TH AVE**  
**HOMESTEAD FL**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**VD**  
**SODEMAN, GREGORY**  
**29858 SW 159TH DR**  
**LEISURE CITY FL 07**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**SD**  
**CAMERON, JOHN**  
**26412 SW 173 PL**  
**HOMESTEAD FL**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**TD**  
**LUPISELL, EVELYN**  
**650 NW 17TH COURT**  
**HOMESTEAD FL 33030**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**PD**  
**Norland, Michael**  
**16790 SW 283 St**  
**Homestead, FL 33030**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I 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, with all other like empowered.

SIGNATURE: *Evelyn C. Lupisell* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**Evelyn C. Lupisell 5-7-99 305-247-6618**

CR2E037 (11/98)