

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # C10005

1. Entity Name

SAINT ANDREW'S EVANGELICAL LUTHERAN CHURCH OF HO

Principal Place of Business

1955 NORTH KROME AVE
HOMESTEAD FL 33030

Mailing Address

1955 NORTH KROME AVE
HOMESTEAD FL 33030-3239

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

- 3298

4. FEI Number

59-2340041

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete
NAME NORLAND, MICHAEL
STREET ADDRESS 16790 SW 283 ST
CITY-ST-ZIP HOMESTEAD FL 33030

TITLE PD ☐ Change ☐ Addition
NAME RON LAPORTE
STREET ADDRESS 1551 NW 20 ST
CITY-ST-ZIP HOMESTEAD, FL 33030

TITLE VD ☒ Delete
NAME SODEMAN, GREGORY
STREET ADDRESS 29858 SW 159TH DR
CITY-ST-ZIP LEISURE CITY FL 07

TITLE VD ☐ Change ☐ Addition
NAME MARCIE HEESE
STREET ADDRESS 16122 SW 287 ST
CITY-ST-ZIP HOMESTEAD, FL 33033

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

TITLE SD ☐ Change ☐ Addition
NAME WAYNE WORTHLEY
STREET ADDRESS 16320 SW 278 ST
CITY-ST-ZIP HOMESTEAD, FL 33031

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-15-00

Date

305-247-6618

Daytime Phone #

CR2E037 (9/99)