

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90094 006 ****61.25

DOCUMENT # C10005

1. Entity Name

SAINT ANDREW'S EVANGELICAL LUTHERAN CHURCH OF HO

Principal Place of Business

Mailing Address

1955 NORTH KROME AVE
 HOMESTEAD FL 33030

1955 NORTH KROME AVE
 HOMESTEAD FL 33030-3239



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2340041

Applied For

Not Applicable

Zip

Country

Zip

Country

- 3298

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	<input checked="" type="checkbox"/> Delete
NAME	NORLAND, MICHAEL	
STREET ADDRESS	16790 SW 283 ST	
CITY-ST-ZIP	HOMESTEAD FL 33030	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SODEMAN, GREGORY	
STREET ADDRESS	29858 SW 159TH DR	
CITY-ST-ZIP	LEISURE CITY FL 07	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	CAMERON, JOHN	
STREET ADDRESS	26412 SW 173 PL	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LUISELL, 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		

TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RON LAPOINTE	
STREET ADDRESS	1551 NW 20 ST	
CITY-ST-ZIP	HOMESTEAD, FL 33030	
TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARCIE HEESE	
STREET ADDRESS	16122 SW 287 ST	
CITY-ST-ZIP	HOMESTEAD, FL. 33033	
TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAYNE WORTHLEY	
STREET ADDRESS	16320 SW 278 ST	
CITY-ST-ZIP	HOMESTEAD, FL 33031	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

5-15-00 305-247-6618
 Date Daytime Phone #

CR2E037 (9/99)