

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90331 014 ****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

00030001



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

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
 NAME: LAPOINTE, RON Delete
 STREET ADDRESS: 1551 NW 20 ST
 CITY-ST-ZIP: HOMESTEAD FL 33030

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

TITLE: VD
 NAME: HEESE, MARCIE Delete
 STREET ADDRESS: 16122 SW 287 ST
 CITY-ST-ZIP: HOMESTEAD FL 33033

TITLE: VD
 NAME: BARBARA NORLAND Change Addition
 STREET ADDRESS: 16790 SW 283 ST
 CITY-ST-ZIP: HOMESTEAD FL 33030

TITLE: SD
 NAME: WORTHLEY, WAYNE Delete
 STREET ADDRESS: 16320 SW 278 ST
 CITY-ST-ZIP: HOMESTEAD FL 33031

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

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

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

TITLE: Delete
 NAME: Delete
 STREET ADDRESS: Delete
 CITY-ST-ZIP: Delete

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

TITLE: Delete
 NAME: Delete
 STREET ADDRESS: Delete
 CITY-ST-ZIP: Delete

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

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: *Evelyn C. Lupisell* **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: **4-17-01** Daytime Phone #: **305-247-6618**

CR2E037 (10/00)