

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # C10005

1. Entity Name

SAINT ANDREW'S EVANGELICAL LUTHERAN CHURCH OF HO
MESTEAD, FLORIDA

Principal Place of Business

Mailing Address

1955 NORTH KROME AVE
HOMESTEAD FL 33030

1955 NORTH KROME AVE
HOMESTEAD FL 33030

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2340041

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



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

EVELYN C. LUPISELL

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

650 NW 17 COURT

City

HOMESTEAD

FL

Zip Code

33030

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

Evelyn C. Lupisell

EVELYN C. LUPISELL

5/4/02

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	HEESE, MARCIE	
STREET ADDRESS	16122 SW 287TH STREET	
CITY-ST-ZIP	HOMESTEAD FL 33033	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	NORLAND, BARBARA	
STREET ADDRESS	16790 SW 283RD STREET	
CITY-ST-ZIP	HOMESTEAD FL 33030	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	WORTHLEY, WAYNE	
STREET ADDRESS	16320 SW 278 ST	
CITY-ST-ZIP	HOMESTEAD FL 33031	
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		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORLAND, BARBARA	
STREET ADDRESS	16790 SW 283 ST.	
CITY-ST-ZIP	HOMESTEAD, FL 33030	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DON JURGENSEN	
STREET ADDRESS	1567 FLAMINGO COURT	
CITY-ST-ZIP	HOMESTEAD, FL 33035	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NERNEY, JODI	
STREET ADDRESS	513 NW 9 COURT	
CITY-ST-ZIP	HOMESTEAD, FL 33030	
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:

EVELYN C. LUPISELL

5/4/02

305-247-6618

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)