

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91694 003 ****61.25

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 1955 NORTH KROME AVE
 HOMESTEAD FL 33030 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

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

7. Name and Address of New Registered Agent

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

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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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* **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)