

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 20, 2004 8:00 am
Secretary of State

05-20-2004 90005 046 ****61.25

DOCUMENT # C10005

1. Entity Name

**SAINT ANDREW'S EVANGELICAL LUTHERAN CHURCH OF
HOMESTEAD, FLORIDA**



Principal Place of Business

**1955 NORTH KROME AVE
HOMESTEAD FL 33030**

Mailing Address

**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

MOORE

CR2E037 (11/03)

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

**LUISELL, EVELYN C
650 NW 17 COURT
HOMESTEAD FL 33030**

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

TITLE VD
NAME JURGENSEN, DON ☐ Delete
STREET ADDRESS 1567 FLAMINGO COURT
CITY-ST-ZIP HOMESTEAD FL 33035

TITLE SD
NAME NERNEY, JODI ☐ Delete
STREET ADDRESS 513 NW 9 COURT
CITY-ST-ZIP HOMESTEAD FL 33030

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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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. LUISELL 5-17-04 305-247-6618
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #