

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

2007 JUN 13 PM 2:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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 - No P.O. Box #		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		4. FEI Number 59-2340041
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Country		Country		Applied For Not Applicable

06102007 REIN-NP CR2E099 (1/07)

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LUPISELL, 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 *Evelyn C. Lupisell TD* 6-10-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$297.50		Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input type="checkbox"/> Delete		TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DEOGBURN, CHARLOTTE M P			NAME			
STREET ADDRESS	30051 SW 198TH AVE			STREET ADDRESS			
CITY-ST-ZIP	HOMESTEAD, FL 33030			CITY-ST-ZIP			
TITLE	VD	<input checked="" type="checkbox"/> Delete		TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WORTHLEY, WAYNE V			NAME	NORLAND, BARBARA		
STREET ADDRESS	16320 SW 278TH STREET			STREET ADDRESS	28601 SW 164 AVE		
CITY-ST-ZIP	HOMESTEAD, FL 33031			CITY-ST-ZIP	HOMESTEAD, FL 33033		
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NERNEY, NONA J S			NAME			
STREET ADDRESS	513 NW 9 COURT			STREET ADDRESS			
CITY-ST-ZIP	HOMESTEAD, FL 33030			CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LUPISELL, EVELYN C T			NAME			
STREET ADDRESS	650 NW 17TH COURT			STREET ADDRESS			
CITY-ST-ZIP	HOMESTEAD, FL 33030			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 6-10-07 305-247-6618
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

6/13/07