

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

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

Zip

Country

Zip

Country

06102007 REIN-NP

CR2E099 (1/07)

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Evelyn C. Lupisell TD 6-10-07

FILE NOW!!! FEE IS \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME DEGBURN, CHARLOTTE M P
STREET ADDRESS 30051 SW 198TH AVE
CITY-ST-ZIP HOMESTEAD, FL 33030 ☐ Delete

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

TITLE VD
NAME WORTHLEY, WAYNE V
STREET ADDRESS 16320 SW 278TH STREET
CITY-ST-ZIP HOMESTEAD, FL 33031 ☒ Delete

TITLE PD
NAME NORLAND, BARBARA
STREET ADDRESS 28601 SW 164 AVE
CITY-ST-ZIP HOMESTEAD, FL 33033 ☐ Change ☒ Addition

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 #

FILED

2007 JUN 13 PM 2:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



6/13/07