

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 736743

**Entity Name:** MEMORIAL EVANGELICAL LUTHERAN CHURCH OF ST. AUGUSTINE, FLORIDA, INC.

**Current Principal Place of Business:**

3375 US #1 SOUTH  
SAINT AUGUSTINE, FL 32086

**Current Mailing Address:**

3375 US #1 SOUTH  
SAINT AUGUSTINE, FL 32086

**FEI Number: 59-2311622**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

UPCHURCH, HAMILTON D.  
% UPCHURCH, BAILEY & UPCHURCH, ATTYS.  
780 N PONCE DE LEON BLVD  
ST. AUGUSTINE, FL 32084 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            CHAPMAN, JOHN PD  
Address        4860 COQUINA CROSSING  
City-State-Zip: ELKTON FL 32033  
  
Title            TREASURER  
Name            SARNOWSKI, JOSEPH  
Address        209 CECELIA CIRCLE  
City-State-Zip: SAINT AUGUSTINE FL 32086

Title            VP  
Name            HENTSCHEL, ALAIN  
Address        201 F STREET  
                  UNIT B  
City-State-Zip: ST AUGUSTINE FL 32080  
  
Title            SECRETARY  
Name            GIFFORD, SHERYL  
Address        1061 CEDAR COVE DR.  
City-State-Zip: ST. AUGUSTINE FL 32086

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: SHERYL GIFFORD**

**SECRETARY**

**01/16/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date