

**2023 NOT FOR PROFIT REGISTRATION ANNUAL REPORT**

DOCUMENT# C94000000005

**Entity Name:** ST. MATTHEW'S EVANGELICAL LUTHERAN CHURCH

**Current Principal Place of Business:**

621 BEACOM BLVD.  
MIAMI, FL 33135

**Current Mailing Address:**

621 BEACOM BLVD.  
MIAMI, FL 33135

**FEI Number: 43-0668188**

**Certificate of Status Desired: Yes**

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

SANTANA, LUIS M  
1005 NW 127 PATH  
MIAMI, FL 33182 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 SD  
Name ARIAS, DELHY MMS  
Address 16161 SW 138 TERRACE  
City-State-Zip: MIAMI FL 33196

Title PD  
Name FIGUEROA, ANTONIO M  
Address 16161 SW 138 TERRACE  
City-State-Zip: MIAMI FL 33196

Title TD  
Name PEREZ, PEDRO  
Address 1600 SW 19 TERRACE,  
City-State-Zip: MIAMI FL 33145

Title D  
Name SANTANA, GRACIELA  
Address 1005 NW 127 PATH  
City-State-Zip: MIAMI FL 33182

Title D  
Name REITSMA, JOAN  
Address 438 CADAGUA AVE  
City-State-Zip: CORAL GABLES FL 33146

Title DIRECTOR  
Name AVRAHAM, JOSEF  
Address 721 NW 30 CT.  
City-State-Zip: MIAMI FL 33125

Title ELDER  
Name SANCHEZ, ANTONIO  
Address 7761 NW 7 ST.  
City-State-Zip: PEMBROKE PINES FL 33024

*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: ANTONIO M FIGUEROA**

**PD**

**04/13/2023**

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

\_\_\_\_\_  
Date