

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000006150

1. Entity Name

THE ST. ANDREW'S CHURCH FOUNDATION, INC.

Principal Place of Business

ONE INDEPENDENT DRIVE
SUITE 2301
JACKSONVILLE FL 32202

Mailing Address

ONE INDEPENDENT DRIVE
SUITE 2301
JACKSONVILLE FL 32202

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3746136

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

HOLBROOK COLD, KATHLEEN
ONE INDEPENDENT DRIVE
SUITE 2301
JACKSONVILLE FL 32202

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.

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME PESTERFIELD, JOHN D
STREET ADDRESS 11624 KINGSLEY MANOR WAY
CITY-ST-ZIP JACKSONVILLE FL 32225 ☐ Delete

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

TITLE VSD
NAME TREDENNICK, JO ANN
STREET ADDRESS 6228 POTTSBURG PLANTATION BLVD.
CITY-ST-ZIP JACKSONVILLE FL 32216 ☐ Delete

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

TITLE TD
NAME PULSIFER, TRICIA L
STREET ADDRESS 3674 BUCKSKIN TRAIL, WEST
CITY-ST-ZIP JACKSONVILLE FL 32277 ☐ Delete

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

TITLE D
NAME WILSON, ROBERT
STREET ADDRESS 4372 OAK BAY DRIVE, WEST
CITY-ST-ZIP JACKSONVILLE FL 32277 ☐ Delete

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

TITLE D
NAME MORRISON, RICHARD M
STREET ADDRESS 3904 TIMUCUA TRAIL
CITY-ST-ZIP JACKSONVILLE FL 32277 ☐ Delete

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

TITLE D
NAME TUCKER, KEITH
STREET ADDRESS 12855 LA COSTA COURT
CITY-ST-ZIP JACKSONVILLE FL 32225 ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
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: *John D. Pesterfield* John D. Pesterfield, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/02

Date

904.620.720

Daytime Phone #

CR2E037 (9/01)