

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000008589

FILED  
Apr 13, 2012  
Secretary of State

**Entity Name:** SAINT ANDREWS (FC) CHURCH MINISTRY, INC.

**Current Principal Place of Business:**

978 HWY 71 S  
MARIANNA, FL 32446

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 518  
MALONE, FL 32445

**New Mailing Address:**

**FEI Number:** 26-3454596

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

SMITH, VIRGINIA M  
4550 MT. PLEASANT RD  
QUINCY, FL 32352 US

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

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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SMITH, VIRGINIA M  
Address: 5460 COLLINS CHAPEL ROAD  
City-St-Zip: MALONE, FL 32445

Title: V  
Name: ANDREWS, JAMES  
Address: 3338 VALLEY OAK DRIVE  
City-St-Zip: MARIANNA, FL 32446

Title: D  
Name: IVEY, BRUCE  
Address: 138 GENE WILLIAMS RD  
City-St-Zip: QUINCY, FL 32351

Title: S  
Name: SMITH, TE-AIRA  
Address: 878 ARLINGTON CIRCLE  
City-St-Zip: QUINCY, FL 32351

Title: D  
Name: ANDREWS, ELDIEST  
Address: 3338 VALLAY OAK DRIVE  
City-St-Zip: MARIANNA, FL 32446

Title: D  
Name: SMITH, TYRONE D  
Address: 878 ARLINGTON CIRCLE  
City-St-Zip: QUINCY, FL 32351

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: VIRGINIA M. SMITH

P

04/13/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date