FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 27, 1999 8:00 am
Secretary of State
04-27-1999 90032 034 ****61.25

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DOCUMENT # N97000003982

1. Corporation Name

SAINT ANDREWS CHAPEL, INC.

Principal Place of Business	Mailing Address
1075 N. C.R. 427 LONGWOOD FL 32750	1075 N. C.R. 427 LONGWOOD FL 32750

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

3. Date Incorporated or Qualifed: 07/11/1997

4. FEI Number: 59-3456651 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

RIZZO, GUY
123 WISTERIA DR.
LONGWOOD FL 32779

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	S	☐ DELETE	1.1 TITLE	D,	☐ Change ☒ Addition
NAME	RIZZO, GUY		1.2 NAME	Pent, David	
STREET ADDRESS	123 WISTERIA DR		1.3 STREET ADDRESS	100 N. Driftwood Lane	
CITY-ST-ZIP	LONGWOOD FL 32779		1.4 CITY-ST-ZIP	Sanford, FL 32773	
TITLE	D	☐ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	BUCHMAN, DAVID		2.2 NAME	Rowley, John	
STREET ADDRESS	2144 BLUE IRIS PL.		2.3 STREET ADDRESS	212 Angler Ave.	
CITY-ST-ZIP	LONGWOOD FL 32779		2.4 CITY-ST-ZIP	Deltona, FL 32725	
TITLE	DP	☐ DELETE	3.1 TITLE	T	☐ Change ☒ Addition
NAME	TOVEY, CHUCK		3.2 NAME	Windham, Alan	
STREET ADDRESS	1660 CHEYENNE TRAIL		3.3 STREET ADDRESS	657 Balmoral Road	
CITY-ST-ZIP	MAITLAND FL 32751		3.4 CITY-ST-ZIP	Winter Park, FL 32789	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	IAMIO, TOM		4.2 NAME		
STREET ADDRESS	457 LAKE SHORE DR.		4.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE MARY FL 32746		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☒ Change ☐ Addition
NAME	SPROWL, R C		5.2 NAME	Sproul, RC	
STREET ADDRESS	400 TECHNOLOGY PARK		5.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE MARY FL 32746		5.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	Pent, David		6.2 NAME		
STREET ADDRESS	100 N. Driftwood Lane		6.3 STREET ADDRESS		
CITY-ST-ZIP	Sanford FL 32773		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 4-23-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #