

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003982

FILED
Apr 06, 2005
Secretary of State

Entity Name: SAINT ANDREWS CHAPEL, INC.

Current Principal Place of Business:

514 WALDEN VIEW DR.
SANFORD, FL 32771

New Principal Place of Business:

Current Mailing Address:

514 WALDEN VIEW DR.
SANFORD, FL 32771

New Mailing Address:

FEI Number: 59-3456651

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

IAMAIO, THOMAS J
457 LAKE SHORE DR.
LAKE MARY, FL 32746 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: D () Delete
Name: BONARRIGO, TIMOTHY
Address: 411 BROOKFIELD TERRACE
City-St-Zip: DELAND, FL 32724

Title: D () Delete
Name: BUCHMAN, DAVID
Address: 2144 BLUE IRIS PL.
City-St-Zip: LONGWOOD, FL 32779

Title: D () Delete
Name: WARREN, RESH
Address: 6605 CITRUS VALLEY DR.
City-St-Zip: ORLANDO, FL 32812

Title: DS () Delete
Name: IAMAIO, TOM
Address: 457 LAKE SHORE DR.
City-St-Zip: LAKE MARY, FL 32746

Title: D () Delete
Name: SPROUL, RC
Address: 400 TECHNOLOGY PARK
City-St-Zip: LAKE MARY, FL 32746

Title: D () Delete
Name: ROWLEY, JOHN
Address: 212 ANGLER AVE
City-St-Zip: DELTONA, FL 32725

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: PARSONS, BURK
Address: 104 ARDSDALE CT.
City-St-Zip: LONGWOOD, FL 32750

Title: D (X) Change () Addition
Name: BUCHMAN, DAVID
Address: 3 SWEETGUM DR.
City-St-Zip: ORANGE CITY, FL 32763

Title: D (X) Change () Addition
Name: ZALLER, RICHARD
Address: 409 QUAIL MEADOW CT.
City-St-Zip: DEBARY, FL 32713

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: THOMAS IAMAIO

DS

04/06/2005

Electronic Signature of Signing Officer or Director

Date