2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008
Secretary of State

DOCUMENT# N97000003982

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:

KENNEDY, KEVIN DS
1044 HOWELL HARBOR DR
CASSELBERRY, FL 32707 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:	PARSONS, BURK H	
Address:	104 ARDSDALE CT.	
City-St-Zip:	LONGWOOD, FL 32750	
Title:	D	( ) Delete
Name:	BUCHMAN, DAVID	
Address:	3 SWEETGUM DR.	
City-St-Zip:	ORANGE CITY, FL 32763	
Title:	D	( ) Delete
Name:	ZAHLLER, RICHARD	
Address:	409 QUAIL MEADOW CT.	
City-St-Zip:	DEBARY, FL 32713	
Title:	DS	( ) Delete
Name:	KENNEDY, KEVIN	
Address:	1044 HOWELL HARBOR DR	
City-St-Zip:	CESSELBERRY, FL 32707	
Title:	D	( ) Delete
Name:	SPROUL, ROBERT C	
Address:	400 TECHNOLOGY PARK	
City-St-Zip:	LAKE MARY, FL 32746	
Title:	D	( ) Delete
Name:	ROWLEY, JOHN W	
Address:	212 ANGLER AVE	
City-St-Zip:	DELTONA, FL 32725	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 exemption stated in Chapter 119, 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: JOHN W. ROWLEY D 04/18/2008

Electronic Signature of Signing Officer or Director — Date