

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000008589

FILED
May 01, 2009
Secretary of State

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

Current Principal Place of Business:

5458 COLLINS CHAPEL ROAD
MALONE, FL 32445

New Principal Place of Business:

978 HWY 71 S
MARIANNA, FL 32446

Current Mailing Address:

5458 COLLINS CHAPEL ROAD
MALONE, FL 32445

New Mailing Address:

P. O. BOX 518
MALONE, FL 32445

FEI Number: 26-3454596 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SMITH, VIRGINIA M
5458 COLLINS CHAPEL ROAD
MALONE, FL 32445 US

Name and Address of New Registered Agent:

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

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: _____

05/01/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

Title: S () Delete
Name: WYNN, VIRA M
Address: 4495 MT PLEASANT ROAD
City-St-Zip: QUINCY, FL 32352

Title: D () Delete
Name: SMITH, TE'AIRA
Address: 878 ARLINGTON CIRCLE
City-St-Zip: QUINCY, FL 32351

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: IVEY, BRUCE
Address: 138 GENE WILLIAMS RD
City-St-Zip: QUINCY, FL 32351

Title: S (X) Change () Addition
Name: SMITH, TE-AIRA
Address: 878 ARLINGTON CIRCLE
City-St-Zip: QUINCY, FL 32351

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: VIRGINIA M. SMITH

PD

05/01/2009

Electronic Signature of Signing Officer or Director

Date