

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000008589

Entity Name: SAINT ANDREWS (FC) CHURCH MINISTRY, INC.**Current Principal Place of Business:**978 HWY 71 S
MARIANNA, FL 32446**Current Mailing Address:**P. O. BOX 518
MALONE, FL 32445**FEI Number: 26-3454596****Certificate of Status Desired: Yes****Name and Address of Current 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

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

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

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

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

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

Title	D
Name	SMITH, TYRONE D
Address	878 ARLINGTON CIRCLE
City-State-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: BRUCE IVEY**DIRECTOR****03/14/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date