


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 14, 2008 8:00 am**  
**Secretary of State**

01-14-2008 90090 050 \*\*\*\*62.25

<b>DOCUMENT # 712217</b>					
<b>1. Entity Name</b> ST. ANDREW'S UNITED METHODIST CHURCH OF BRANDON, INC.					
<b>Principal Place of Business</b> 3315 BRYAN ROAD BRANDON, FL 33511-7553			<b>Mailing Address</b> 3315 BRYAN ROAD BRANDON, FL 33511-7553		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-2330913	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
PETTIS, JACQUELYN J MS 3315 BRYAN ROAD BRANDON, FL 33511-7553			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
<b>8. 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. I am familiar with, and accept the obligations of registered agent.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> D <b>NAME</b> PESANO, CHARLES MR. <b>STREET ADDRESS</b> 1404 TATIANA PL <b>CITY-ST-ZIP</b> VALRICO, FL 335945668	<input type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> WILLIAMS, GENE Mr. <b>STREET ADDRESS</b> 2405 Natures Court= <b>CITY-ST-ZIP</b> Valrico, FL 33596 5774	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VP <b>NAME</b> JENKINS, ALLEN MR. <b>STREET ADDRESS</b> 3006 AVALON TERRACE DR <b>CITY-ST-ZIP</b> VALRICO, FL 335945601	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> P <b>NAME</b> CHRISTENBERRY, RICHARD MR. <b>STREET ADDRESS</b> 5816 HERONRISE CRESCENT DR <b>CITY-ST-ZIP</b> LITHIA, FL 335475883	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> BEVIS, DIANE M MRS <b>STREET ADDRESS</b> 3011 RIDGE VALE CIR <b>CITY-ST-ZIP</b> VALRICO, FL 335945650	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> HEATON, BARBARA S MRS <b>STREET ADDRESS</b> 604 FIELDCREST DR <b>CITY-ST-ZIP</b> BRANDON, FL 335115957	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> VAZQUEZ, RICHARD A MR <b>STREET ADDRESS</b> 910 BAMMA RD <b>CITY-ST-ZIP</b> BRANDON, FL 335116913	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
				<small>Date Daytime Phone #</small>	