

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90012 004 ****61.25

DOCUMENT # 722055

1. Entity Name

SAINT ANDREW'S EPISCOPAL CHURCH OF SPRING HILL.

Principal Place of Business

Mailing Address

2301 DELTONA BLVD.
 SPRING HILL FL 34606

P.O. BOX 5026
 SPRING HILL FL 34611-5026

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7185136

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, JONATHAN D
4542 COMMERCIAL WAY
SPRING HILL FL 34606

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
SEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> Delete
NAME	HARRIS, MARY ANNE	
STREET ADDRESS	7239 HOLIDAY DRIVE	
CITY-ST-ZIP	SPRING HILL FL 34606-5032	
TITLE	P	<input type="checkbox"/> Delete
NAME	MURRAY, ROBIN G	
STREET ADDRESS	7489 OAK TREE LANE	
CITY-ST-ZIP	SPRING HILL FL 34607-2324	
TITLE	DV	<input type="checkbox"/> Delete
NAME	STARSETH, DAVID	
STREET ADDRESS	4284 RACHEL BLVD.	
CITY-ST-ZIP	SPRING HILL FL 34607	
TITLE	T	<input type="checkbox"/> Delete
NAME	PROSSER, WILLIAM B JR	
STREET ADDRESS	5025 HARBINGER ROAD	
CITY-ST-ZIP	SPRING HILL FL 34608	
TITLE	D	<input type="checkbox"/> Delete
NAME	FAGERSTROM, RUTH	
STREET ADDRESS	6115 OBERLIN ST	
CITY-ST-ZIP	SPRING HILL FL 34606	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOUSER, DONALD	
STREET ADDRESS	2136 FORESTER WAY	
CITY-ST-ZIP	SPRING HILL FL 34606	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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.

SIGNATURE: *Mary Anne Harris* **MARY ANNE HARRIS** 1-7-00 352/683-2010
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #