

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2002 8:00 am
Secretary of State

01-21-2002 90013 008 ****61.25

DOCUMENT # 722055

1. Entity Name

SAINT ANDREW'S EPISCOPAL CHURCH OF SPRING HILL, INC.

Principal Place of Business

**2301 DELTONA BLVD.
 SPRING HILL FL 34606**

Mailing Address

**P.O. BOX 5026
 SPRING HILL FL 32611**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-7185136

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

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: FEE 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **S HARRIS, MARY ANNE**
 STREET ADDRESS **7239 HOLIDAY DRIVE**
 CITY-ST-ZIP **SPRING HILL FL 34606-5032**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **P MURRAY, ROBIN G**
 STREET ADDRESS **7489 OAK TREE LANE**
 CITY-ST-ZIP **SPRING HILL FL 34607-2324**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **DV STARSETH, DAVID**
 STREET ADDRESS **4284 RACHEL BLVD.**
 CITY-ST-ZIP **SPRING HILL FL 34607**

TITLE Change Addition
 NAME **STAFSETH, DAVID**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **T PROSSER, WILLIAM B JR**
 STREET ADDRESS **5025 HARBINGER ROAD**
 CITY-ST-ZIP **SPRING HILL FL 34608**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D FAGERSTROM, RUTH**
 STREET ADDRESS **6115 OBERLIN ST**
 CITY-ST-ZIP **SPRING HILL FL 34606**

TITLE Change Addition
 NAME **UNDERWOOD, RUTH**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D HOUSER, DONALD**
 STREET ADDRESS **2136 FORESTER WAY**
 CITY-ST-ZIP **SPRING HILL FL 34606**

TITLE Change Addition
 NAME **D CLIFTON, LUTHER**
 STREET ADDRESS **11125 BELLTOWER STREET**
 CITY-ST-ZIP **SPRING HILL FL 34608**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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

 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/2002

Date

352/683-2010

Daytime Phone #

CR2E037 (9/01)