

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 16, 2005 8:00 am**  
**Secretary of State**

02-16-2005 90045 049 \*\*\*\*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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



1st MOORE

CR2E037 (10/04)

4. FEI Number

**23-7185136**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**SMITH, JONATHAN D  
4542 COMMERCIAL WAY  
SPRING HILL FL 34606**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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  
Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

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

TITLE DV ☐ Delete  
NAME DALE, HOWARD  
STREET ADDRESS 7606 PINEHURST  
CITY-ST-ZIP SPRING HILL FL 34606

TITLE T ☒ Delete  
NAME FULLER, EDWARD  
STREET ADDRESS 7403 HEATHER WALK DRIVE  
CITY-ST-ZIP BROOKSVILLE FL 34613

TITLE D ☒ Delete  
NAME WILKS, PAUL  
STREET ADDRESS 4185 GLADE ROAD  
CITY-ST-ZIP SPRING HILL FL 34606

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE P ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T ☐ Change ☒ Addition  
NAME Elenora Gowans  
STREET ADDRESS 2265 Pinta Avenue  
CITY-ST-ZIP Spring Hill FL 34609

TITLE DV ☐ Change ☒ Addition  
NAME Robert Meissner  
STREET ADDRESS 10095 Jupiter Lane  
CITY-ST-ZIP Spring Hill FL 34608

TITLE ☐ Change ☐ Addition  
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)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*352/683-2010*