

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 722055

FILED
Feb 26, 2008
Secretary of State

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

Current Principal Place of Business:

2301 DELTONA BLVD.
SPRING HILL, FL 34606

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 5026
SPRING HILL, FL 34611

New Mailing Address:

FEI Number: 23-7185136 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SMITH, JONATHAN D
8022 SPRING HILL DRIVE
SPRING HILL, FL 34606 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: HARRIS, MARY ANNE
Address: 7239 HOLIDAY DRIVE
City-St-Zip: SPRING HILL, FL 346065032

Title: P () Delete
Name: MAHURIN, SHANDA THE REV
Address: 1021 GREENTURF ROAD
City-St-Zip: SPRING HILL, FL 34608

Title: T () Delete
Name: GOWANS, ELENORA
Address: 2265 PINTA AVENUE
City-St-Zip: SPRING HILL, FL 34609

Title: DV () Delete
Name: WILKES, DEBORAH
Address: 4185 GLADE ROAD
City-St-Zip: SPRING HILL, FL 34606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DV (X) Change () Addition
Name: PEDERSON, CHERYL
Address: 9123 MAVIS RD
City-St-Zip: SPRING HILL, FL 34613

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ELENORA GOWANS

TREA

02/26/2008

Electronic Signature of Signing Officer or Director

_____ Date