


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 06, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 725739</b> 1. Entity Name ST. ANDREWS PRESBYTERIAN CHURCH OF ORLANDO, INC.	
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Principal Place of Business 9913 BEAR LAKE ROAD APOPKA, FL 32703	Mailing Address 9913 BEAR LAKE ROAD APOPKA, FL 32703
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**DO NOT WRITE IN THIS SPACE**



04032007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1374257	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

LONG, BILL  
2860 NEIL ROAD  
APOPKA, FL 32703

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

000000694244  
04/17/07-80009-019 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LONG, BILL (WILLIAM D.) 2860 NEIL ROAD APOPKA, FL 32703,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HILL, LISA 2820 NEIL RD. APOPKA, FL 32703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HANDSPIEKER, CAROL 325 RIDGEWOOD ST ALTAMONTE SPRINGS, FL 32701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEAY, JAMAS 5707 BEAR LAKE CIR APOPKA, FL 32703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LUST, ROBERT 1886 EAGLES REST DR APOPKA, FL 32712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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.

**SIGNATURE:** Robert Lust Robert Lust 4-3-07 407-293-6802

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #