2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2009
Secretary of State

DOCUMENT# 725739

Entity Name: ST. ANDREWS PRESBYTERIAN CHURCH OF ORLANDO,INC.

Current Principal Place of Business:

9913 BEAR LAKE ROAD
APOPKA, FL 32703

New Principal Place of Business:

Current Mailing Address:

9913 BEAR LAKE ROAD
APOPKA, FL 32703

New Mailing Address:

FEI Number: 59-1374257 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LONG, BILL
2860 NEIL ROAD
APOPKA, FL 32703 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: PD ( ) Delete
Name: LONG, BILL (WILLIAM, D.)
Address: 2860 NEIL ROAD
City-St-Zip: APOPKA, FL 32703,

Title: S ( ) Delete
Name: HILL, LISA
Address: 2820 NEIL RD.
City-St-Zip: APOPKA, FL 32703

Title: V ( ) Delete
Name: HANDSPIEKER, CAROL
Address: 325 RIDGEWOOD ST
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: D ( ) Delete
Name: SEAY, JAMAS
Address: 5707 BEAR LAKE CIR
City-St-Zip: APOPKA, FL 32703

Title: T ( ) Delete
Name: LUST, ROBERT
Address: 1886 EAGLES REST DR
City-St-Zip: APOPKA, FL 32712

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: LONG, BILL (WILLIAM, D.)
Address: 2860 NEIL ROAD
City-St-Zip: APOPKA, FL 32703

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

Title: V (X) Change ( ) Addition
Name: HANDSPIKER, CAROL
Address: 325 RIDGEWOOD ST
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

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

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

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: ROBERT LUST T 01/06/2009

Electronic Signature of Signing Officer or Director — Date