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AND
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95 APR -7 AM 11:18

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Motham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 743002 (8)

1. Corporation Name
**ST. ANDREW PRESBYTERIAN CHURCH, U. S. A. INC., S
UN CITY CENTER, FL**

Principal Place of Business 1239 DEL WEBB BLVD SUN CITY CENTER FL 33573	Mailing Address 1239 DEL WEBB BLVD SUN CITY CENTER FL 33573
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2. Principal Place of Business 21	2a. Mailing Address 20
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/24/1978	3a. Date of Last Report 04/11/1994
4. FEI Number 59-2152391	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
BIGLEY, JAMES DAVID 1239 DEL WEBB BLVD. SUN CITY CENTER FL 33573				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHELPS, BONNIE J	1.2 NAME	
STREET ADDRESS	2049 BERRY ROBERTS DR	1.3 STREET ADDRESS	
CITY - ST - ZIP	SUN CITY CTR FL	1.4 CITY - ST - ZIP	
TITLE	DS	2.1 TITLE	Trs <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KREIDER, DANIEL M	2.2 NAME	Kreider, Daniel M.
STREET ADDRESS	1818 WP;F ;AIRE; DR/	2.3 STREET ADDRESS	1818 Wolf Laurel Drive
CITY - ST - ZIP	SUN CITY CENTER FL	2.4 CITY - ST - ZIP	Sun City Center, FL 33573
TITLE	P	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLIOTT, JAMES	3.2 NAME	
STREET ADDRESS	1803 WOLF LAUREL DR	3.3 STREET ADDRESS	
CITY - ST - ZIP	SUN CITY CENTER FL	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	Tr. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUSH, JOHN E	4.2 NAME	Stanclift, Ray J.
STREET ADDRESS	2328 GAINESBOROUGH LOOP	4.3 STREET ADDRESS	1715 Wolf Laurel Dr.
CITY - ST - ZIP	SUN CITY CENTER FL	4.4 CITY - ST - ZIP	Sun City Center, FL 33573
TITLE	DV	5.1 TITLE	TrV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSER, ROGER W.	5.2 NAME	Moser, Roger W.
STREET ADDRESS	913 EL RANCHO DRIVE	5.3 STREET ADDRESS	913 El Rancho Drive
CITY - ST - ZIP	SUN CITY CENTER FL	5.4 CITY - ST - ZIP	Sun City Center, FL 33573
TITLE	D	6.1 TITLE	Tr <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, EDWARD J.	6.2 NAME	Irwin, Clyde L.
STREET ADDRESS	2039 BERRY ROBERTS DR.	6.3 STREET ADDRESS	1731 Pebble Beach Blvd, S
CITY - ST - ZIP	SUN CITY CENTER FL	6.4 CITY - ST - ZIP	Sun City Center, FL 33573

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(4), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Bonnie J. Phelps **4-4-95 (813) 634-1252**
 SIGNATURE AND TYPED OR PRINTED NAME OF FINANCING OFFICER OR DIRECTOR Date (Month/Day/Year)

Bonnie J. Phelps, Treasurer