

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

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**

3. Date Incorporated or Qualified: **05/24/1978**  
3a. Date of Last Report: **04/07/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number <b>59-2152391</b>	Applied For	Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	Zip	25	Country	29	Zip	30	Country
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
85	Zip Code

**FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PHELPS, BONNIE J</b>	1.2 NAME	<b>SHAPE, ROBERT C.</b>
STREET ADDRESS	<b>2049 BERRY ROBERTS DR</b>	1.3 STREET ADDRESS	<b>1974 WOLF LAUREL DRIVE</b>
CITY-ST-ZIP	<b>SUN CITY CTR FL</b>	1.4 CITY-ST-ZIP	<b>SUN CITY CENTER FL 33573</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KREIDER, DANIEL M.</b>	2.2 NAME	
STREET ADDRESS	<b>1818 WOLF LAUREL DRIVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SUN CITY CENTER FL</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ELLIOTT, JAMES</b>	3.2 NAME	
STREET ADDRESS	<b>1803 WOLF LAUREL DR</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SUN CITY CENTER FL</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STANCLIFT, RAY J.</b>	4.2 NAME	
STREET ADDRESS	<b>1715 WOLF LAUREL DR.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SUN CITY CENTER FL</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MOSER, ROGER W.</b>	5.2 NAME	
STREET ADDRESS	<b>913 EL RANCHO DRIVE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SUN CITY CENTER FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>IRWIN, CLYDE L.</b>	6.2 NAME	
STREET ADDRESS	<b>1731 PEBBLE BEACH BLVD. S.</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SUN CITY CENTER FL</b>	6.4 CITY-ST-ZIP	

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 119.07(3)(k), 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: *Daniel M. Kreider* **DANIEL M. KREIDER** 4/17/96 (813) 634-1252  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #

CR2E037 (12/95)