

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).**

APPROVED  
AND  
FILED

97 NOV 25 AM 9:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997**



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 Mailing Address  
1239 DEL WEBB BLVD 1239 DEL WEBB BLVD  
SUN CITY CENTER FL 33573 SUN CITY CENTER FL 33573



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/24/1978** 3a. Date of Last Report **05/01/1996**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	<b>59-2152391</b>	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Added to Fees
23	28	Trust Fund Contribution	
Zip	Country	Zip	Country
24	25	29	30
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.		<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**BIGLEY, JAMES DAVID  
1239 DEL WEBB BLVD.  
SUN CITY CENTER FL 33573**

10. Name and Address of New Registered Agent

81 Name	<b>LARRY L. LEWIS Palmer, Craig N.</b>
82 Street Address	<b>1200 Captiva Ct. Sarasota, FL 34235</b>
83 City	<b>Sarasota, FL 34235</b>
84 City	<b>FL</b>
85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1504, 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]* **Palmer, Interim actor** DATE **11/19/97**

12. OFFICERS AND DIRECTORS

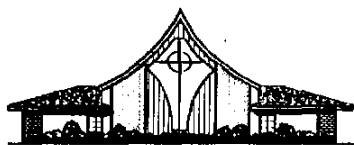
TITLE	T	DELETED
NAME	SHAPE, ROBERT C.	
STREET ADDRESS	1974 WOLF LAUREL DRIVE	
CITY-ST-ZIP	SUN CITY CENTER FL	
TITLE	TRS	DELETED
NAME	KREIDER, DANIEL M.	
STREET ADDRESS	1818 WOLF LAUREL DRIVE	
CITY-ST-ZIP	SUN CITY CENTER FL	
TITLE	P	DELETED
NAME	ELLIOTT, JAMES	
STREET ADDRESS	1803 WOLF LAUREL DR	
CITY-ST-ZIP	SUN CITY CENTER FL	
TITLE	TD	DELETED
NAME	STANCLIFT, RAY J.	
STREET ADDRESS	1715 WOLF LAUREL DR.	
CITY-ST-ZIP	SUN CITY CENTER FL	
TITLE	TRV	DELETED
NAME	MOSER, ROGER W.	
STREET ADDRESS	913 EL RANCHO DRIVE	
CITY-ST-ZIP	SUN CITY CENTER FL	
TITLE	TR	DELETED
NAME	IRWIN, CLYDE L.	
STREET ADDRESS	1731 PEBBLE BEACH BLVD. S.	
CITY-ST-ZIP	SUN CITY CENTER FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	T	Change	<input checked="" type="checkbox"/> Addition
1.2 NAME	Thomas, Buford L.		
1.3 STREET ADDRESS	1509 Blackstone Circle		
1.4 CITY-ST-ZIP	Sun City Center, FL 33573		
2.1 TITLE	TRS	Change	<input checked="" type="checkbox"/> Addition
2.2 NAME	Anders, L. Naomi		
2.3 STREET ADDRESS	1619 Leland Drive		
2.4 CITY-ST-ZIP	Sun City Center, FL 33573		
3.1 TITLE		Change	<input type="checkbox"/> Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE	TD	Change	<input checked="" type="checkbox"/> Addition
4.2 NAME	Amos, John F.		
4.3 STREET ADDRESS	1610 Hovengton Circle		
4.4 CITY-ST-ZIP	Sun City Center, FL 33573		
5.1 TITLE		Change	<input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE	TR	Change	<input checked="" type="checkbox"/> Addition
6.2 NAME	Reid, Leon J.		
6.3 STREET ADDRESS	1507 Leland Drive		
6.4 CITY-ST-ZIP	Sun City Center, FL 33573		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]* SIGNATURE REQUIRED ABOVE: **James R. Elliott** 11/19/97 7-21-97 (813) 634-7589



*St. Andrew Presbyterian Church*

1239 DEL WEBB BLVD SUN CITY CENTER, FL 33573 (813) 634-1252

Department of State  
Divisions of Corporations  
PO Box 6327  
Tallahassee, Florida 32314

To Whom It May Concern:

Enclosed is our copy of the form and check we sent on August 13, 1997. This was returned with all the correct information you requested. We are enclosing a replacement check and we expect if and when the original is found you will return it. We are appreciative of your attention to this matter and expect our incorporation status to remain valid.

Sincerely,

James Elliott  
President of the Corporation