

FILE NOW: FILING FEE IS \$61.25

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Mar 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**



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
 SUN CITY CENTER, FL**

Principal Place of Business Mailing Address
1239 DEL WEBB BLVD SUN CITY CENTER FL 33573
1239 DEL WEBB BLVD SUN CITY CENTER FL 33573

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip Country 28 Zip Country
 24 25 29 30

3. Date Incorporated or Qualified
05/24/1978

4. FEI Number Applied For
59-2152391 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No



9. Name and Address of Current Registered Agent
LEWIS, LARRY L
2004 CAPTIVA COURT
SUN CITY CENTER FL 33573

10. Name and Address of New Registered Agent
 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 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]* **REV. DR. LARRY L. LEWIS** **8/11/98**
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 type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, BUFORD L	1.2 NAME	
STREET ADDRESS	1509 BLACKSTONE CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRS ANDERS, L. NAOMI	2.2 NAME	700002463267
STREET ADDRESS	1619 LELAND DRIVE	2.3 STREET ADDRESS	-03/20/98--01037--009
CITY-ST-ZIP	SUN CITY CENTER FL 33573	2.4 CITY-ST-ZIP	***61.25
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P ELLIOTT, JAMES	3.2 NAME	TRP Elliott, James
STREET ADDRESS	1803 WOLF LAUREL DR	3.3 STREET ADDRESS	1803 Wolf Laurel Dr.
CITY-ST-ZIP	SUN CITY CENTER FL	3.4 CITY-ST-ZIP	Sun City Center, Fl 33573
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TD AMOS, JOHN F	4.2 NAME	TRV Sturderant, Tyler
STREET ADDRESS	1610 HOVENGTON CIRCLE	4.3 STREET ADDRESS	2111 Platinum Dr.
CITY-ST-ZIP	SUN CITY CENTER FL 33573	4.4 CITY-ST-ZIP	Sun City Center, FL 33573
TITLE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TRV MOSER, ROGER W.	5.2 NAME	TR Bush, John
STREET ADDRESS	913 EL RANCHO DRIVE	5.3 STREET ADDRESS	2326 Gainesborough Loop
CITY-ST-ZIP	SUN CITY CENTER FL	5.4 CITY-ST-ZIP	Sun City Center, FL 33573
TITLE	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TR REID, LEON J	6.2 NAME	TR Shape, Robert
STREET ADDRESS	1507 LELAND DRIVE	6.3 STREET ADDRESS	809 Freedom Plaza Cir. Apt. 102
CITY-ST-ZIP	SUN CITY CENTER FL 33573	6.4 CITY-ST-ZIP	Sun City Center, FL 33573

14. I 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]* **JAMES L. ELLIOTT, PRESIDENT** **(813) 634-7589**
MARCH 10, 1998

CF2E037 (10/97)