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03-01-1999 90115 048 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 743002

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
05/24/1978

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-2152391

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEWIS, LARRY L
2004 CAPTION CR
SUN CITY CENTER FL 33573

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
2004 CAPTION CT

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/2/99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

T THOMAS, BUFORD L
1509 BLACKSTONE CIRCLE
SUN CITY CENTER FL 33573

1.1 TITLE Change Addition
1.2 NAME A.D. Swishhelm
1.3 STREET ADDRESS 2019 Del Webb Blvd. E.
1.4 CITY-ST-ZIP SUN City Center, FL 33573

TRS ANDERS, L. NAOMI
1619 LELAND DRIVE
SUN CITY CENTER FL 33573

2.1 TITLE Change Addition
2.2 NAME ~~Margaret Dunning~~
2.3 STREET ADDRESS ~~2240 Del Webb Blvd~~
2.4 CITY-ST-ZIP ~~Sun City Center, FL 33573~~

TRP ELLIOTT, JAMES
1802 WOLF LAUREL DR
SUN CITY CENTER FL

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TRV STURDEVANT, TYLER
2111 PLATINUM DR.
SUN CITY CENTER FL 33573

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TR BUSH, JOHN
2326 GAINESBOROUGH LOOP
SUN CITY CENTER FL 33573

5.1 TITLE Change Addition
5.2 NAME T
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TR SHAPE, ROBERT
809 FREEDOM PLAZA CIR. APT. 102
SUN CITY CENTER FL 33573

6.1 TITLE Change Addition
6.2 NAME TR MARGARET DUNNING
6.3 STREET ADDRESS 924 Del Webb Blvd.
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, with all other like empowered.

SIGNATURE:

[Signature] REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/99 813-634-9457

Date

Daytime Phone #

CR2E037 (1/198)