

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90004 021 ****61.25

DOCUMENT # 743002

1. Entity Name

ST. ANDREW PRESBYTERIAN CHURCH, U. S. A. INC., S

Principal Place of Business

Mailing Address

1239 DEL WEBB BLVD
 SUN CITY CENTER FL 33573

1239 DEL WEBB BLVD
 SUN CITY CENTER FL 33573-5223

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2152391

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEWIS, LARRY L
2004 CAPTIVA CT
SUN CITY CENTER FL 33573

check 12-504

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

1/13/2000

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

T Delete
 NAME SWISSELM, A.D.
 STREET ADDRESS 2019 DEL WEBB BLVD E.
 CITY-ST-ZIP SUN CITY CENTER FL 33573

Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TRS Delete
 NAME ANDERS, L. NAOMI
 STREET ADDRESS 1619 LELAND DRIVE
 CITY-ST-ZIP SUN CITY CENTER FL 33573

Change Addition
 NAME **BARBARA KRILEY**
 STREET ADDRESS
 CITY-ST-ZIP

TRP Delete
 NAME ELLIOTT, JAMES
 STREET ADDRESS 1802 WOLF LAUREL DR
 CITY-ST-ZIP SUN CITY CENTER FL

Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TRV Delete
 NAME STURDEVANT, TYLER
 STREET ADDRESS 2111 PLATINUM DR.
 CITY-ST-ZIP SUN CITY CENTER FL 33573

Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

T Delete
 NAME BUSH, JOHN
 STREET ADDRESS 2326 GAINESBOROUGH LOOP
 CITY-ST-ZIP SUN CITY CENTER FL 33573

Change Addition
 NAME **T Norma Young**
 STREET ADDRESS **1704 AURA COURT**
 CITY-ST-ZIP **SUN CITY CENTER, FL 33573**

TR Delete
 NAME DUNNING, MARGARET
 STREET ADDRESS 924 DEL WEBB BLVD
 CITY-ST-ZIP SUN CITY CENTER FL 33573

Change Addition
 NAME **John Bush**
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)