

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State

3876

DOCUMENT # 743002

1. Entity Name

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

03-12-2001 90445 030 ****61.25

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

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



DO NOT WRITE IN THIS SPACE

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

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)

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

TITLE	T	<input type="checkbox"/> Delete
NAME	SWISSHELM, A.D.	
STREET ADDRESS	2019 DEL WEBB BLVD E.	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	
TITLE	TRS	<input type="checkbox"/> Delete
NAME	RILEY, BARBARA	
STREET ADDRESS	1619 LELAND DRIVE 322 NORTHWAY DR.	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	
TITLE	TRP	<input type="checkbox"/> Delete
NAME	ELLIOTT, JAMES	
STREET ADDRESS	1802 WOLF LAUREL DR	
CITY-ST-ZIP	SUN CITY CENTER FL	
TITLE	TRV	<input type="checkbox"/> Delete
NAME	STURDEVANT, TYLER	
STREET ADDRESS	2111 PLATINUM DR.	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	
TITLE	T	<input type="checkbox"/> Delete
NAME	YOUNG, NORMA NORMA	
STREET ADDRESS	1704 AURA CT	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	
TITLE	TR	<input checked="" type="checkbox"/> Delete
NAME	BUSH, JOHN	
STREET ADDRESS	924 DEL WEBB BLVD	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	SEE ADDRESS CHANGE	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: *Andrew Swishhelm* Treasurer

3/5/01 813-634-1252

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)