

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 90720 049 ****61.25

DOCUMENT # 743002

1. Entity 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

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**

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

TITLE Change Addition
 NAME **Judith E. Hasch**
 STREET ADDRESS **2105 8th St SW**
 CITY-ST-ZIP **RUSKIN, FL. 33570**

TITLE Delete
 NAME **TRS RILEY, BARBARA**
 STREET ADDRESS **322 NORTHWAY DRIVE**
 CITY-ST-ZIP **SUN CITY CENTER FL 33573**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **T YOUNG, NORMA**
 STREET ADDRESS **1704 AURA CT**
 CITY-ST-ZIP **SUN CITY CENTER FL 33573**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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: _____

Judith E. Hasch
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Judith E. Hasch
DATE **7/30/02** **813 645-2785**
DAYTIME PHONE #

CR2E037 (9/01)