


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2004 8:00 am
Secretary of State

07-21-2004 90026 045 ****61.25

DOCUMENT # 743002

1. Entity Name
**ST. ANDREW PRESBYTERIAN CHURCH, U. S. A. INC.,
 SUN 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
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44049156



06302004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2152391	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

~~LEWIS, LARRY B
2004 CAPTIVA CT
SUN CITY CENTER, FL 33573~~

James Elliott
 1802 WOLF LAUREL DR
 Sun City Center, FL
 33573

DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *James L. Elliott* (NOTE: Registered Agent signature required when reinstating) DATE: _____

**Filing Fee is \$61.25
 Due by September 8, 2004**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HASCH, JUDITH E 2105 8TH ST SW RUSKIN, FL 33570
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRS RILEY, BARBARA <i>Marilyn Kreider</i> 322 NORTHWAY DRIVE 1818 Wolf Laurel Dr SUN CITY CENTER, FL 33573 <i>Sun City Center FL</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRP ELLIOTT, JAMES 1802 WOLF LAUREL DR. SUN CITY CENTER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT GARRELLSON, JOHN 1010 AMERICAN EAGLE BLVD SUN CITY CENTER, FL 33573
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT SWISSELM, BURT 2019 DEL WEBB EAST SUN CITY CENTER, FL 33573
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: *JAMES L. ELLIOTT* *James L Elliott* 07/08/04 (813) 634-7589
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
PRESIDENT