

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90117 039 ****70.00

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

50029312



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01132005 Chg-NP CR2E037 (10/03)

City & State
 Zip Country

4. FEI Number
 59-2152391

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 ELLIOTT, JAMES E
 18802 WOLF LAUREL DR
 SUN CITY CENTER, FL 33573

7. Name and Address of New Registered Agent
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *James L. Elliott* DATE *03/10/05*
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2005

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> Delete
NAME	HASCH, JUDITH E	
STREET ADDRESS	2105 8TH ST SW	
CITY-ST-ZIP	RUSKIN, FL 33570	
TITLE	TRS	<input checked="" type="checkbox"/> Delete
NAME	KREIDER, MARILYN	
STREET ADDRESS	1818 WOLFLAUREL 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	AT	<input type="checkbox"/> Delete
NAME	GARRETTSON, JOHN	
STREET ADDRESS	1010 AMERICAN EAGLE BLVD	
CITY-ST-ZIP	SUN CITY CENTER, FL 33573	
TITLE	AT	<input type="checkbox"/> Delete
NAME	SWISSELM, BURT	
STREET ADDRESS	2019 DEL WEBB EAST	
CITY-ST-ZIP	SUN CITY CENTER, FL 33573	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TRS	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dotty Guerra	
STREET ADDRESS	933 Villeroy Greens Dr	
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		
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 *James L. Elliott* Date _____ Daytime Phone # _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 JAMES L. ELLIOTT