


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 27, 2006 8:00 am
Secretary of State

07-27-2006 90018 024 ****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

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

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

City & State

City & State

Zip Country Zip Country

40100511



05262006 Chg-NP CR2E037 (4/06)

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 _____ DATE _____
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 September 6, 2006**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

T Delete
 NAME HASCH, JUDITH E
 STREET ADDRESS 2105 8TH ST SW
 CITY-ST-ZIP RUSKIN, FL 33570

Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TRS Delete
 NAME GUERREA, DOTTY
 STREET ADDRESS 933 VILLEROY GREENS DR
 CITY-ST-ZIP SUN CITY CENTER, FL 33573

Change Addition
 NAME
 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

AT Delete
 NAME GARRELLSON, JOHN
 STREET ADDRESS 1010 AMERICAN EAGLE BLVD
 CITY-ST-ZIP SUN CITY CENTER, FL 33573

Change Addition
 NAME **AT ELIZABETH WARD**
 STREET ADDRESS **2227 Worthington Greens Dr.**
 CITY-ST-ZIP **Sun City Center, FL 33573**

AT Delete
 NAME SWISSHELM, BURT
 STREET ADDRESS 2019 DEL WEBB EAST
 CITY-ST-ZIP SUN CITY CENTER, FL 33573

Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, Treasurer* **Judith E. HASCH** *7/24/06* **813 634-1252**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #