


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

05262006 Chg-NP CR2E037 (4/06)

4. FEI Number 59-2152391	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
---	---	--	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HASCH, JUDITH E 2105 8TH ST SW RUSKIN, FL 33570 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRS GUERREA, DOTTY 933 VILLEROY GREENS DR SUN CITY CENTER, FL 33573 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRP ELLIOTT, JAMES 1802 WOLF LAUREL DR SUN CITY CENTER, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT GARRELLSON, JOHN 1010 AMERICAN EAGLE BLVD SUN CITY CENTER, FL 33573 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT SWISSELM, BURT 2019 DEL WEBB EAST SUN CITY CENTER, FL 33573 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT ELIZABETH WARD 2227 Worthington Greens Dr. Sun City Center, FL 33573 <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 #