## 2006 NOT-FOR-PROFIT CORPORATION

## **ANNUAL REPORT**

**DOCUMENT #743002** 



**FILED** Jul 27, 2006 8:00 am **Secrétary of State** 

07-27-2006 90018 024 \*\*\*\*70.00

1. Entity Name ST. ANDREW PRESBYTERIAN CHURCH, U. S. A. INC., SUN CITY CENTER, FL											
1239 DEL WEBB BLVD 1239		ng Address 39 DEL WEBB BLVD I CITY CENTER, FL 33573			Φητηροιι						
2. Principal Place of Business 3. Mail		ailing Address									
Suite, Apt. #, etc. Su		uite, Apt. #, etc.			05262006 CH	ng-NP	CR2E	037 (4/06)			
City & State Ci		ity & State			4. FEI Number 59-215239	1		k	olied For Applicable		
Zip			<u>_</u>			5. Certificate of Status Desired \$8.75 Additional Fee Required					
	6. Name and Address of Cui	d Agent	Name		7. Name and Add	ress of New Ro	egistered	Agent			
ELLIOTT, JAMES E 18802 WOLF LAUREL DR SUN CITY CENTER, FL 33573					ddress (F	P.O. Box Number is	Not Acceptable	<del>)</del>			
					_					i	
			City				FL	Zip Code			
	named entity submits this statemions of registered agent.	ent for the purp	ose of changing its	registered office or	register	ed agent, or both, in	the State of Flo	rida. I am	familiar with, a	and accept	
SIGNATURE .	Signature, typed or printed name of registered	d agent and title if app	plicable. (NOTE	, Registered Agent signatu	ire required	when reinstating)		DATE			
Filing Fee Is \$61.25 Due by September 6, 2006			Election Campaign Financing     Trust Fund Contribution.			\$5.00 May Be Added to Fees	00 May Be ed to Fees Florida Department of State				
10.	OFFICERS AN	ND DIRECTORS		11.		ADDITIONS/CHANG	ES TO OFFICE	RS AND D	IRECTORS IN	10	
TITLE	T		☐ Delete	TITLE					Change	☐ Addition	
NAME	HASCH, JUDITH E			NAME							
STREET ADDRESS CITY-ST-ZIP	2105 8TH ST SW   RUSKIN, FL 33570			STREET ADDRESS CITY-ST-ZIP							
TITLE	TRS	<del></del>	☐ Delete	TITLE					☐ Change	Addition	
NAME	GUERREA, DOTTY			NAME						_	
STREET ADDRESS	933 VILLEROY GREENS D			STREET ADDRESS	•						
CITY-ST-ZIP	SUN CITY CENTER, FL 33	3573		CITY-ST-ZIP							
TITLE NAME	TRP					<del> </del>	<del>-</del>			The second second	
l	ELLIOTT, JAMES		☐ Delete	TITLE					Change	☐ Addition	
STREET ADDRESS	ELLIOTT, JAMES 1802 WOLF LAUREL DR		☐ Delete	TITLE NAME STREET ADDRESS			_		Change	☐ Addition	
CITY-ST-ZIP	1		☐ Delete	NAME					☐ Change	Addition	
l	1802 WOLF LAUREL DR SUN CITY CENTER, FL AT		☐ Delete	NAME STREET ADDRESS CITY - ST- ZIP	AT						
CITY-ST-ZIP TITLE NAME	1802 WOLF LAUREL DR SUN CITY CENTER, FL AT GARRELLSON, JOHN			NAME STREET ADDRESS CITY - ST- ZIP	AT	ZABeTh	WARD	C no			
CITY-ST-ZIP	1802 WOLF LAUREL DR SUN CITY CENTER, FL AT GARRELLSON, JOHN 1010 AMERICAN EAGLE B			NAME STREET ADDRESS CITY - ST- ZIP	AT	ZABETH 7 Worth	WARD	Gre			
CITY-ST-ZIP TITLE NAME STREET ADDRESS	1802 WOLF LAUREL DR SUN CITY CENTER, FL AT GARRELLSON, JOHN		<b>⊠</b> Delete	NAME STREET ADDRESS CITY - ST- ZIP	AT EL, 222 501	ZABETH T WORTH	WARD ington enter,	Gre El.			
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	1802 WOLF LAUREL DR SUN CITY CENTER, FL AT GARRELLSON, JOHN 1010 AMERICAN EAGLE BI SUN CITY CENTER, FL 33 AT SWISSHELM, BURT 2019 DEL WEBB EAST	3573	<b>⊠</b> Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE	AT EL, 222 Suy	ZABETH 7 Worth 1 CITY C	WARD ington enter,	Gre El.			
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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.

\*\*GNATURE:\*\*

\*\*GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR\*\*

\*\*Daying Prione \*\*

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