



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 08:00 AM
Secretary of State

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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DO NOT WRITE IN THIS SPACE




01172007 No Chg-NP CR2E037 (4/06)

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
ELLIOTT, JAMES E 18802 WOLF LAUREL DR SUN CITY CENTER, FL 33573

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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: 02/05/07

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-naming)

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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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 GUERREA, DOTTY 933 VILLEROY GREENS DR SUN CITY CENTER, FL 33573
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 WARD, ELIZABETH 2227 WORTHINGTON GREENS DR SUN CITY CENTER, FL 33573
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT SWISSHELM, BURT 2019 DEL WEBB EAST SUN CITY CENTER, FL 33573
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000673014
 03/29/07-80012-011 61.25

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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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #