


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 10, 2008 8:00 am**  
**Secretary of State**

04-10-2008 90026 028 \*\*\*\*69.00

**DOCUMENT # 743002**

1. Entity Name  
 ST. ANDREW PRESBYTERIAN CHURCH, U. S. A. INC.,  
 SUN CITY CENTER, FL




Principal Place of Business      Mailing Address

1239 DEL WEBB BLVD      1239 DEL WEBB BLVD  
 SUN CITY CENTER, FL 33573      SUN CITY CENTER, FL 33573

**DO NOT WRITE IN THIS SPACE**

90003777



03102008 No Chg-NP      CR2E037 (4/06)

4. FEI Number 59-2152391	Applied For 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

**DO NOT WRITE IN THIS SPACE**

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      James L Elliott      03/19/08  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

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

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	

**DO NOT WRITE IN THIS SPACE**

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: James L Elliott      03/19/2008  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #