

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

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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

DO NOT WRITE IN THIS SPACE

900037



03102008 No 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

**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

Signature, typed or printed name of registered agent and title if applicable.

James L. Elliott

(NOTE: Registered Agent signature required when reinstating)

03/19/08

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	T
NAME	HASCH, JUDITH E
STREET ADDRESS	2105 8TH ST SW
CITY-ST-ZIP	RUSKIN, FL 33570
TITLE	TRS
NAME	GUERREA, DOTY
STREET ADDRESS	933 VILLEROY GREENS DR
CITY-ST-ZIP	SUN CITY CENTER, FL 33573
TITLE	TRP
NAME	ELLIOTT, JAMES
STREET ADDRESS	1802 WOLF LAUREL DR
CITY-ST-ZIP	SUN CITY CENTER, FL
TITLE	AT
NAME	WARD, ELIZABETH
STREET ADDRESS	2227 WORTHINGTON GREENS DR
CITY-ST-ZIP	SUN CITY CENTER, FL 33573
TITLE	AT
NAME	SWISSELM, BURT
STREET ADDRESS	2019 DEL WEBB EAST
CITY-ST-ZIP	SUN CITY CENTER, FL 33573
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James L. Elliott

03/19/2008

Date

Daytime Phone #