

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743002

FILED
Feb 08, 2012
Secretary of State

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

Current Principal Place of Business:

1239 DEL WEBB BLVD WEST
SUN CITY CENTER, FL 33573

New Principal Place of Business:

Current Mailing Address:

1239 DEL WEBB BLVD WEST
SUN CITY CENTER, FL 33573

New Mailing Address:

FEI Number: 59-2152391

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: T
Name: HASCH, JUDITH E
Address: 2105 8TH ST SW
City-St-Zip: RUSKIN, FL 33570

Title: S
Name: GUERREA, DOTTY
Address: 933 VILLEROY GREENS DR
City-St-Zip: SUN CITY CENTER, FL 33573

Title: TRP
Name: ELLIOTT, JAMES
Address: 1802 WOLF LAUREL DR
City-St-Zip: SUN CITY CENTER, FL

Title: AT
Name: WARD, ELIZABETH
Address: 2227 WORTHINGTON GREENS DR
City-St-Zip: SUN CITY CENTER, FL 33573

Title: AT
Name: AKE, KATHRYN
Address: 1935 STERLING GLEN COURT
City-St-Zip: SUN CITY CENTER, FL 33573

Title: AT
Name: SHANKLIN, VIRGINIA
Address: 1527 DEL WEBB BLVD WEST
City-St-Zip: SUN CITY CENTER, FL 33573

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOANNA SMYTH

FA

02/08/2012

Electronic Signature of Signing Officer or Director

_____ Date