

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**May 21, 2003 8:00 am**  
**Secretary of State**

0043002

05-21-2003 90083 031 \*\*\*\*61.25

**DOCUMENT # 743002**

1. Entity Name  
**ST. ANDREW PRESBYTERIAN CHURCH, U. S. A. INC., S  
UN 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**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

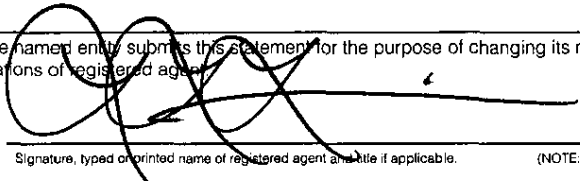
4. FEI Number **59-2152391** Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**LEWIS, LARRY L  
2004 CAPTIVA CT  
SUN CITY CENTER FL 33573**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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 **5/13/03**

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



CHECK HERE IF MAKING CHANGES

**FILE NOW: FEE IS \$61.25**

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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T HASCH, JUDITH E 2105 8TH ST SW RUSKIN FL 33570</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AT Garrellson, John 1010 American Eagle Blvd Sun City Center, FL 33573</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TRS RILEY, BARBARA 322 NORTHWAY DRIVE SUN CITY CENTER FL 33573</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TRP ELLIOTT, JAMES 1802 WOLF LAUREL DR SUN CITY CENTER FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TRV STURDEVANT, TYLER 2111 PLATINUM DR. SUN CITY CENTER FL 33573</b> <input checked="" type="checkbox"/> Delete <i>OK</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T YOUNG, NORMA 1704 AURA CT SUN CITY CENTER FL 33573</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AT Swishhelm, Burt 2019 Del Webb East Sun City Center, FL 33573</b> <input type="checkbox"/> Delete <i>ADD</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **Judith E Hasch** 5/6/03 (813) 645-2785

CR2E037 (10/02)