

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759023

FILED  
Apr 03, 2008  
Secretary of State

Entity Name: ST. ANDREWS CHURCH

**Current Principal Place of Business:**

509 TWIGGS ST  
TAMPA, FL 336023916

**New Principal Place of Business:**

**Current Mailing Address:**

509 TWIGGS ST  
TAMPA, FL 336023916

**New Mailing Address:**

FEI Number: 59-0816461      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

REESE, JOHN  
509 E TWIGGS ST  
TAMPA, FL 33602      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: DV ( ) Delete  
Name: LIMA, ALFRED  
Address: 923 BRADDOCK ST  
City-St-Zip: TAMPA, FL 33603

Title: DS ( ) Delete  
Name: WILSON, MARY VIRGINIA  
Address: 2407 ARDSON PLACE 402A  
City-St-Zip: TAMPA, FL 33629

Title: DP ( ) Delete  
Name: VINCENT, ASHLEY  
Address: 166 BALTIC CIR  
City-St-Zip: TAMPA, FL 33606

Title: DT ( ) Delete  
Name: HOPPE, JAMES C  
Address: 3418 VIRGINIA COURT  
City-St-Zip: TAMPA, FL 33629

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DV (X) Change ( ) Addition  
Name: BENTSCHNER, PAUL  
Address: 5811 S. GORDON AVE.  
City-St-Zip: TAMPA, FL 33611 US

Title: DS (X) Change ( ) Addition  
Name: WOLFE, PATRICIA  
Address: 501 ERIE AVE  
City-St-Zip: TAMPA, FL 33606 US

Title: DP (X) Change ( ) Addition  
Name: CARRAWAY, FRAZIER  
Address: 48 ALBERMARLE AVE  
City-St-Zip: TAMPA, FL 33606 US

Title: DT (X) Change ( ) Addition  
Name: GETZ, ALLEN O  
Address: 6402 SAND PEBBLE AVE  
City-St-Zip: TEMPLE TERRACE, FL 33637 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ALLEN O. GETZ

DT

04/03/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date