## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **FILED** Feb 01, 2008 8:00 am Secretary of State

DOCUI 1. Entity Nam ST. ANDI TAMPA, I			02-01-2008 90019 050 ****61.25						
Principal Place of Business 5338 PRIMROSE LAKE CIR. TAMPA, FL 33647  Mailing Address P.O. BOX 46216 TAMPA, FL 33646					1 (20)(10) All Bulla	Cityl Dans dâth bâtt oo	iik anan' (ajaj paka) akan	III P4 B1 (891	
Principal Place of Business - No P.O. Box #     3. Mailing Address     5.338 Primres			elake C	ic					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01222008 CI	hg-NP (	CR2E037 (12/06)		
City & State		City & State Tampa FL			4. FEI Number 01-087683	15	<del>                                     </del>	oplied For ot Applicable	
Zip	Country	<sup>Zip</sup> 33647	Country		5. Certificate of St		\$8.75 Add Fee Require		
	6. Name and Address of Current F	registered Agent	Name		7. Name and Add		stered Agent		
KEITH, RC 8905 REG	Street Address (P.O. Box Number is Not Acceptable)								
SUITE 250 TAMPA, FI		V <sub>i</sub>	-	5338 Primrose Lake Cir.					
		\$±	City	7	i m oci		FL Zip Cod	le, 47	
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 HAHMLAT Robert M. Ke.; H. Treusurer 2-1-08 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE									
	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE:	Régistered Agent signat	ure required	when reinstating)	,,	DATE		
·	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Camp Trust Fund Co	paign Financing		\$5.00 May Be Added to Fees	1	e check payable to Department of S		
10.	Filing Fee is \$61.25	9. Election Camp Trust Fund Co	paign Financing	0	\$5.00 May Be Added to Fees	Florida		tate	
TITLE	Filing Fee is \$61.25 Due by May 1, 2008  OFFICERS AND DIR	9. Election Camp Trust Fund Co	paign Financing ontribution.		\$5.00 May Be Added to Fees DDITIONS/CHANG	Florida ES TO OFFICERS	AND DIRECTORS IN	tate	
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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

\$13-971-8075 Daytime Phone #