

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

02-01-2008 90019 050 ****61.25

DOCUMENT # N06000008853					
1. Entity Name ST. ANDREW PRESBYTERIAN CHURCH OF NEW TAMPA, INC.					
Principal Place of Business 5338 PRIMROSE LAKE CIR. TAMPA, FL 33647			Mailing Address P.O. BOX 46216 TAMPA, FL 33646		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 5338 Primrose Lake Cir.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Tampa FL		4. FEI Number 01-0876835	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33647		Country USA		Applied For Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KEITH, ROBERT M 8905 REGENTS PARK DR. SUITE 250 TAMPA, FL 33647			Name Keith, Robert M. Street Address (P.O. Box Number is Not Acceptable) 5338 Primrose Lake Cir. City Tampa FL Zip Code 33647		
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 Robert M. Keith, Treasurer				DATE 2-1-08	
Filing Fee is \$61.25 Due by May 1, 2008				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 TD	NAME KEITH, ROBERT M	<input type="checkbox"/> Delete	TITLE D	NAME Joseph, Marsha	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 5006 WESLEY DRIVE	8805 Heather Glen Court				
CITY-ST-ZIP TAMPA, FL 33647	Tampa, FL 33647				
TITLE PD	NAME WILSON, CHARLES	<input type="checkbox"/> Delete	TITLE D	NAME Holderman, Edward R	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 29020 OLD MARSH END	17863 Arbor Green Drive				
CITY-ST-ZIP WESLEY CHAPEL, FL 33543	Tampa, FL 33647				
TITLE VD	NAME TRIPP, JEAN	<input type="checkbox"/> Delete	TITLE SD	NAME Weinstein, Suzanne	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 9332 FAIRWAY LAKES COURT	1502 Stetson Drive				
CITY-ST-ZIP TAMPA, FL 33647	Wesley Chapel, FL 33543				
TITLE SD	NAME DOOP, JUDITH	<input checked="" type="checkbox"/> Delete	TITLE D	NAME WEINSTEIN, SUZANNE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 30901 PROUT COURT	1502 STETSON DR.				
CITY-ST-ZIP WESLEY CHAPEL, FL 33543	WESLEY CHAPEL, FL 33543				
TITLE D	NAME WEINSTEIN, SUZANNE	<input type="checkbox"/> Delete	TITLE D	NAME MARTI, ROBERT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1502 STETSON DR.	4740 BASSWOOD ST.				
CITY-ST-ZIP WESLEY CHAPEL, FL 33543	LAND O' LAKES, FL 34639				
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: Robert M. Keith			DATE 2-01-08		DAYTIME PHONE # 813-971-8075