



FILED
Apr 21, 2008 8:00 am
Secretary of State

[illegible]

DOCUMENT # N18297				Secretary of State	
1. Entity Name ST. ANDREWS PRESBYTERIAN CHURCH IN AMERICA, INC.		04-21-2008 90077 045 ****61.25			
Principal Place of Business 500 N PARK ROAD HOLLYWOOD, FL 33021 US		Mailing Address 500 N PARK ROAD HOLLYWOOD, FL 33021 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		04142008 Chg-NP CR2E037 (12/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-6033969	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HANSON, SANDRA L 500 N. PARK ROAD HOLLYWOOD, FL 33021				7. Name and Address of New Registered Agent Name GRACE SKED Street Address (P.O. Box Number is Not Acceptable) 500 N. Park Rd. City HOLLYWOOD FL Zip Code 33021	
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 <i>Grace Sked</i> GRACE SKED 4/15/2008 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
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 NAME STREET ADDRESS CITY-ST-ZIP	T ZELLERS, GORDON 2527 HUNTERS RUN WAY WESTON, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATT CATES 12134 SW 4 ST. PEMBROKE PINES FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALFIERI, FRANK 6270 SHERMAN ST HOLLYWOOD, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TED COOK 10501 SW 49 PL COOPER CITY FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLETT, TRACY 611 N 32 CT HOLLYWOOD, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHARLES KELSEY 1619 SE 7 ST FT LAUDERDALE FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOXE, NORM 2430 SW 86 AVE MIRAMAR, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIGUEL MENENDEZ 1534 VAN BUREN ST HOLLYWOOD FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARROLL, BARRY 5582 SW 112 TER COOPER CITY, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OWIGHT AYOR 320NW 151 ST MIAMI FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, WILLIAM 4911 VAN BUREN ST HOLLYWOOD, FL <input type="checkbox"/> Delete	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 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: <i>Gordon Zellers</i> Gordon Zellers 4/19/08 954-989-2641 Signature and typed or printed name of signing officer or director Date Daytime Phone #					