2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003982

Entity Name: SAINT ANDREWS CHAPEL, INC.

FILED Apr 19, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 514 WALDEN VIEW DR. SANFORD, FL 32771 **Current Mailing Address: New Mailing Address:** 514 WALDEN VIEW DR. SANFORD, FL 32771 FEI Number: 59-3456651 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: IAMAIO, THOMAS J KENNEDY, KEVIN DS 1044 HOWELL HARBOR DR 457 LAKE SHORE DR. LAKE MARY, FL 32746 US CASSELBERRY, FL 32707 US 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: KEVIN KENNEDY 04/19/2006 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition PARSONS, BURK Name: Name: 104 ARDSDALE CT. Address: Address: City-St-Zip: LONGWOOD, FL 32750 City-St-Zip: Title: () Delete Title: () Change () Addition BUCHMAN, DAVID Name: Name: Address: 3 SWEETGUM DR. Address: City-St-Zip: ORANGE CITY, FL 32763 City-St-Zip: Title: () Delete Title: () Change () Addition ZAHLLER, RICHARD Name: Name: 409 QUAIL MEADOW CT. Address: Address: City-St-Zip: DEBARY, FL 32713 City-St-Zip: Title: DS () Delete Title: DS (X) Change () Addition IAMAIO, TOM Name: Name: KENNEDY, KEVIN 457 LAKE SHORE DR. 1044 HOWELL HARBOR DR Address: Address: City-St-Zip: LAKE MARY, FL 32746 City-St-Zip: CESSELBERRY, FL 32707 Title: () Delete Title: () Change () Addition SPROUL, RC Name: Name: 400 TECHNOLOGY PARK Address: Address: City-St-Zip: LAKE MARY, FL 32746 City-St-Zip: Title: () Delete Title: () Change () Addition ROWLEY, JOHN Name: Name: Address: 212 ANGLER AVE Address: DELTONA, FL 32725 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JOHN W. ROWLEY D 04/19/2006