

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000005566

1. Entity Name

SAINT ANDREW'S BY-THE-SEA ANGLICAN CHURCH, INC.



FILED
Jul 24, 2001 8:00 am
Secretary of State

07-24-2001 90007 037 ****61.25

Principal Place of Business

110 MARIER AVE
DESTIN FL

Mailing Address

110 MARIER AVE
DESTIN FL

2. Principal Place of Business

151 Beacon Way Suite 1-A

3. Mailing Address

151 Beacon Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Destin FL

City & State

FL

4. FEI Number

59-366-5027

Applied For

Not Applicable

Zip

32541

Country

USA

Zip

32541

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SIMPSON, DAVID A
909 MAR WALT DRIVE STE 1024
FT WALTON BEACH FL FL

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME D
STREET ADDRESS TAYLOR, THOMAS E
CITY-ST-ZIP 235 CALHOUN AVE
DESTIN FL 32541

TITLE ☐ Delete
NAME D
STREET ADDRESS SIMPSON, DAVID A
CITY-ST-ZIP 9 MEIGS DRIVE
SHALIMAR FL 32579

TITLE ☐ Delete
NAME D
STREET ADDRESS KILLIAN, KAROLYN W
CITY-ST-ZIP 1121 BAYCOURT DRIVE
DESTIN FL 32541

TITLE ☐ Delete
NAME D
STREET ADDRESS MOORE, BETTY J
CITY-ST-ZIP 427 CALHOUN AVE
DESTIN FL 32541

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Karolyn Killian*

7/16/2001

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CR2E037 (5/01)