

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 14, 2004 8:00 am**  
**Secretary of State**

05-14-2004 90008 037 \*\*\*\*\*61.25

**DOCUMENT # N00000005566**

1. Entity Name

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



Principal Place of Business

**151 REGIONAL WAY  
SUITE 1A  
DESTIN FL 32541**

Mailing Address

**151 REGIONAL WAY  
SUITE 1A  
DESTIN FL 32541**

**54054478**



**MOORE CR2E037 (11/03)**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**59-3665027**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**HAYSLIP, JOHN  
151 REGIONS WAY STE 1  
DESTIN FL 32541**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*John S. Hayship*

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

*John S. Hayship*

(NOTE: Registered Agent signature required when reinstating)

*5/1/04*

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **VP** ☐ Delete  
NAME **VAN BUREN, CONRAD**  
STREET ADDRESS **1382 RUCKEL DR**  
CITY-ST-ZIP **NICEVILLE FL 32578**

TITLE **S** ☐ Delete  
NAME **MIXTER, NANCY**  
STREET ADDRESS **28 POPLAR AVE**  
CITY-ST-ZIP **SHALIMAR FL 32579**

TITLE **T** ☐ Delete  
NAME **HAYSLIP, JOHN**  
STREET ADDRESS **3891 MESA RD**  
CITY-ST-ZIP **DESTIN FL 32541**

TITLE **PD** ☒ Delete  
NAME **YOUNG, MELISSA**  
STREET ADDRESS **1120 EMERALD BAY DR**  
CITY-ST-ZIP **DESTIN FL 32541**

TITLE **D** ☒ Delete  
NAME **FLEMING, NORMAN**  
STREET ADDRESS **24 RIDGELAKE DR**  
CITY-ST-ZIP **MARY ESTHER FL 32569**

TITLE **D** ☐ Delete  
NAME **SCHULTZ, FRED**  
STREET ADDRESS **414 EVERGREEN DRIVE DESTIN 32541**  
CITY-ST-ZIP **DESTIN FL 32541**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition  
NAME **VANBUREN CONRAD**  
STREET ADDRESS **1382 RUCKEL DRIVE**  
CITY-ST-ZIP **Niceville FL 32578**

TITLE **D** ☐ Change ☒ Addition  
NAME **Ray Meyer**  
STREET ADDRESS **820 Woodland Bayou Dr.**  
CITY-ST-ZIP **Santa Rosa Beach, FL 32459**

TITLE **D** ☐ Change ☒ Addition  
NAME **Karen Waterfield**  
STREET ADDRESS **4397 Old Bayou Trail**  
CITY-ST-ZIP **Destin FL 32541**

TITLE **D** ☐ Change ☒ Addition  
NAME **Pat Whitehaw**  
STREET ADDRESS **847 N. Lakeside Dr.**  
CITY-ST-ZIP **Destin, FL 32541**

TITLE **D** ☐ Change ☒ Addition  
NAME **Ken Fraser**  
STREET ADDRESS **70 Driscoll Dr.**  
CITY-ST-ZIP **Santa Rosa Beach, FL 32459**

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:

*John S. Hayship*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Treasurer*

*5/1/04*

Date

*(810) 837-6323*

Daytime Phone #