2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 10, 2004 8:00 am Secretary of State

DOCUMENT # N19845 1. Entity Name ST. ANDREW CHRISTIAN CARE CENTER, INC.				02	-10-2004 90020 (025 ****7	0.00	
Principal Place of Business 3001 WEST HIGHWAY 98 PANAMA CITY, FL 32405		Mailing Address 3001 WEST HIGHWAY 98 PANAMA CITY, FL 3240		4.6	1009328	,		
2. Principal Pl	ace of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01232004 Chg	NP CR2F0:	37 (10/03)		
City & Stale		City & State		4. FEI Number		Ap	plied For	
Zip	Country	Zip	Country	59-2793858 5. Certificate of Statu	s Desired 😾	\$8.75 Add		
	8 Name and Address of Current	Begintered Agent			s of New Registered	Fee Required	<u> </u>	
• • •	b Name and Address of Current	Hedistelen Wallt	Name	7. Name and Addres	ss of New Registered	Agent		
DUNAWAY, ARVIL 1855 AIRPORT CIRCLE			Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
PANAMA (CITY, FL 32405							
			City		FL	Zip Code	9	
	named entity submits this statement for ions of registered agent.	or the purpose of changing its	registered office or regis	stered agent, or both, in the	State of Florida. 1 am	familiar with,	and accept	
SIGNATURE .				•				
ا ما العالم العالم العالم العالم	Signature, typed or printed name of registered agent	t and title it applicable. (NOTE	: Registered Agent signature requ	ulred when reinstating)	DATE			
Tagab of Laborate (Carlos Carlos Carl	Filing Fee Is \$61.25	· ··	npaign Financing	\$5.00 May Be Added to Fees		k päyäble to		
and the second	Filing Fee Is \$61.25 Due by May 1, 2004	9. Election Carr Trust Fund C	npaign Financing	\$5.00 May Be Added to Fees	Make chec Florida Depar	tmént of St	até	
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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 impowered.

SIGNATURE: Arvil Dunaway PD

February 5, 2004

HHachment 44009328

FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

January 23, 2004

ST. ANDREW CHRISTIAN CARE CENTER, INC. 3001 WEST HIGHWAY 98 PANAMA CITY, FL 32405

SUBJECT: ST. ANDREW CHRISTIAN CARE CENTER, INC. Ref. Number: N19845

We have received your document for ST. ANDREW CHRISTIAN CARE CENTER, INC. and check(s) totaling \$65.00. However, your check(s) and document are being returned for the following:

Although you attempted to file your annual report form online, you did not successfully complete the process. Therefore, we are returning the enclosed check along with an annual report form for you to complete. Please return the completed form and check to this office for processing.

Please return your document, along with a copy of this letter, within 60 days or your filling will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Justin M Shivers Document Specialist

Letter Number: 004A00004113