

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 04, 2005  
Secretary of State**

DOCUMENT# N95000002180

Entity Name: ST. ANDREW'S FOUNDATION, INC.

**Current Principal Place of Business:**

210 S. INDIAN RIVER DRIVE  
FORT PIERCE, FL 34950

**New Principal Place of Business:**

210 S. INDIAN RIVER DRIVE  
FORT PIERCE, FL 34950 US

**Current Mailing Address:**

210 S. INDIAN RIVER DRIVE  
FORT PIERCE, FL 34950

**New Mailing Address:**

210 S. INDIAN RIVER DRIVE  
FORT PIERCE, FL 34950 US

FEI Number: 65-0845155      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LIEBLER, JOHN S  
210 S. INDIAN RIVER DRIVE  
FORT PIERCE, FL 34950 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: STABILE, RICHARD  
Address: 174 NE JETTIE TERRACE  
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: D      ( ) Delete  
Name: ADAMS, ALTO JR.  
Address: 26003 ORANGE AVENUE  
City-St-Zip: FORT PIERCE, FL 34945

Title: D      ( ) Delete  
Name: GATES, PHILIP C SR  
Address: 2323 S. INDIAN RIVER DRIVE  
City-St-Zip: FORT PIERCE, FL 34950

Title: D      ( ) Delete  
Name: LIEBLER, JOHN S  
Address: 2254 6TH AVENUE, SE  
City-St-Zip: VERO BEACH, FL 32962

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D      (X) Change ( ) Addition  
Name: PEED, BROOKS H  
Address: 2709 N. INDIAN RIVER DRIVE  
City-St-Zip: FORT PIERCE, FL 34946

Title: D      (X) Change ( ) Addition  
Name: ROBINSON, RAUB  
Address: 1605 OLD RIVER ROAD  
City-St-Zip: FORT PIERCE, FL 34982

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 S. LIEBLER

D

04/04/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date