


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 25, 2003 8:00 am**  
**Secretary of State**

06-25-2003 90074 005 \*\*\*\*61.25

UBR1/03

**DOCUMENT # N95000002180**  
1. Entity Name  
**ST. ANDREW'S FOUNDATION, INC.**



Principal Place of Business      Mailing Address  
**210 S. INDIAN RIVER DR5IVE  
FORT PIERCE FL 34950**      **210 S. INDIAN RIVER DR5IVE  
FORT PIERCE FL 34950**

2. Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
City & State      City & State

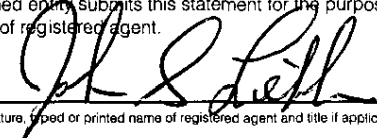
4. FEI Number **65-0845155**      Applied For  
Not Applicable  
5. Certificate of Status Desired       **\$8.75** Additional Fee Required



CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**  
**STABLE, RICHARD**  
**210 S INDIAN RIVER DRIVE**  
**FORT PIERCE FL 34950**

**7. Name and Address of New Registered Agent**  
Name **John S. Liebler**  
Street Address (P.O. Box Number is Not Acceptable)  
**210 S. Indian River Drive**  
City **Fort Pierce**      **FL**      Zip Code **34950**

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. Liebler**      **6/13/03**  
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**      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          | <b>D</b> <input type="checkbox"/> Delete |
| NAME           | <b>STABLE, RICHARD</b>                   |
| STREET ADDRESS | <b>174 NE JETTIE TERRACE</b>             |
| CITY-ST-ZIP    | <b>PORT SAINT LUCIE FL 34983</b>         |
| TITLE          | <b>D</b> <input type="checkbox"/> Delete |
| NAME           | <b>ADAMS, ALTO "BUD" JR.</b>             |
| STREET ADDRESS | <b>26003 ORANGE AVENUE</b>               |
| CITY-ST-ZIP    | <b>FORT PIERCE FL 34945</b>              |
| TITLE          | <b>D</b> <input type="checkbox"/> Delete |
| NAME           | <b>GATES, PHILIP C</b>                   |
| STREET ADDRESS | <b>2323 S. INDIAN RIVER DRIVE</b>        |
| CITY-ST-ZIP    | <b>FORT PIERCE FL 34950</b>              |
| TITLE          | <input type="checkbox"/> Delete          |
| NAME           |                                          |
| STREET ADDRESS |                                          |
| CITY-ST-ZIP    |                                          |
| TITLE          | <input type="checkbox"/> Delete          |
| NAME           |                                          |
| STREET ADDRESS |                                          |
| CITY-ST-ZIP    |                                          |
| TITLE          | <input type="checkbox"/> Delete          |
| NAME           |                                          |
| STREET ADDRESS |                                          |
| CITY-ST-ZIP    |                                          |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

|                |                                                                                       |
|----------------|---------------------------------------------------------------------------------------|
| TITLE          | <b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>John S. Liebler</b>                                                                |
| STREET ADDRESS | <b>2254 6th Avenue, SE</b>                                                            |
| CITY-ST-ZIP    | <b>Vero Beach FL 32962</b>                                                            |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                     |
| NAME           |                                                                                       |
| STREET ADDRESS |                                                                                       |
| CITY-ST-ZIP    |                                                                                       |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                     |
| NAME           |                                                                                       |
| STREET ADDRESS |                                                                                       |
| CITY-ST-ZIP    |                                                                                       |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                     |
| NAME           |                                                                                       |
| STREET ADDRESS |                                                                                       |
| CITY-ST-ZIP    |                                                                                       |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> 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:       **6/13/03 (772)461-5009**

CR2E037 (10/02)