

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 18, 1999 8:00am**  
**Secretary of State**

02-18-1999 90025 047 \*\*\*\*\*61.25

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N96000001193**

1. Corporation Name  
**ST. ANDREW BAY ENVIRONMENTAL STUDY TEAM, INC.**

Principal Place of Business  
 239 E. 4TH ST.  
 PANAMA CITY FL 32401

Mailing Address  
 239 E. 4TH ST.  
 PANAMA CITY FL 32401



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 03/01/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3375367
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
	Country 29	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
	Zip 30	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
<b>JELKS, ALLEN N JR.</b> <b>239 E. 4TH ST.</b> <b>PANAMA CITY FL 32401</b>	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City <b>FL</b> 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HARBISON, CANDIS</b>	1.2 NAME	
STREET ADDRESS	<b>120 E. 2ND PLACE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PANAMA CITY FL 32401</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BARKULOO, JAMES</b>	2.2 NAME	
STREET ADDRESS	<b>2310 ASHLAND RD.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PANAMA CITY FL 32405</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MANN, JIM</b>	3.2 NAME	
STREET ADDRESS	<b>950 HUNTINGTON RD.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PANAMA CITY FL 32405</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *C. SIGNATURE REQUIRED* 1-18-99 (850)872-8260  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/98)