


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 23, 2004 8:00 am**  
**Secretary of State**

03-23-2004 90012 023 \*\*\*\*61.25

<b>DOCUMENT # N98000002408</b>					
1. Entity Name ST. ANDREW'S SOCIETY OF SOUTHWEST FLORIDA, INC.					
Principal Place of Business 7936 GRAND BAY DR NAPLES, FL 34108			Mailing Address C/O DR. D. GEBBIE 7936 GRAND BAY DR NAPLES, FL 34108 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3564206	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GEBBIE, DOUGLAS DR 7936 GRAND BAY DR NAPLES, FL 34108				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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____					
Filing Fee Is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MACILVAINE, WILLIAM R		NAME	CALLUM STARK	
STREET ADDRESS	522 PINE GROVE LANE		STREET ADDRESS	28524 SOMBRERO DRIVE	
CITY-ST-ZIP	NAPLES, FL 34103		CITY-ST-ZIP	BONITA SPRINGS, FL 34135	
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEBBIE, DOUGLAS M		NAME		
STREET ADDRESS	7936 GRAND BAY DR		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34108		CITY-ST-ZIP		
TITLE	DT	<input checked="" type="checkbox"/> Delete	TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PROUD, JAMES		NAME	WILLIAM H. RAMSAY	
STREET ADDRESS	4021 GULF SHORE BLVD #804		STREET ADDRESS	161 AMBLEWOOD LANE	
CITY-ST-ZIP	NAPLES, FL 34103		CITY-ST-ZIP	NAPLES FL 34105	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMERON, DON		NAME	ROY KENDALL	
STREET ADDRESS	625 RUDDER RD.		STREET ADDRESS	1032 PELICAN BAY BLVD #301	
CITY-ST-ZIP	NAPLES, FL 34102		CITY-ST-ZIP	NAPLES FL 34108	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENDALL, ROY		NAME		
STREET ADDRESS	625 RUDDER RD		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34108		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOODHAMS, JOHN P		NAME		
STREET ADDRESS	8171 BAY COLONY DR. #1001		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34108		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: <u>William H. Ramsay</u> <u>WILLIAM H. RAMSAY</u> <u>MAR. 16, 2004</u> <u>239-649-0153</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					