


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90077 009 ****61.25

50031342



DOCUMENT # N98000002408			
1. Entity Name ST. ANDREW'S SOCIETY OF SOUTHWEST FLORIDA, INC.		Mailing Address C/O DR. D. GEBBIE RICHARD MELICK 7936 GRAND BAY DR NAPLES, FL 34108 US	
Principal Place of Business 7936 GRAND BAY DR NAPLES, FL 34108		Mailing Address C/O DR. D. GEBBIE RICHARD MELICK 7936 GRAND BAY DR NAPLES, FL 34108 US	
2. Principal Place of Business 264 SILVERADO DRIVE		3. Mailing Address 264 SILVERADO DRIVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State NAPLES FL		City & State NAPLES FL	
4. FEI Number 59-3564206		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		03092005 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent GEBBIE, DOUGLAS DR 7936 GRAND BAY DR NAPLES, FL 34108		7. Name and Address of New Registered Agent Name RICHARD MELICK Street Address (P.O. Box Number is Not Acceptable) 264 SILVERADO DRIVE City NAPLES FL Zip Code 34119	
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 RICHARD MELICK Signature, typed or printed name of registered agent and title if applicable.		Richard Melick (NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2005		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 NAME STREET ADDRESS CITY-ST-ZIP	D MACILVAINE, WILLIAM R 522 PINE GROVE LANE NAPLES, FL 34103 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS CLARKE 234 HAYDON CIRCLE NAPLES, FL 34110 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GEBBIE, DOUGLAS M 7936 GRAND BAY DR NAPLES, FL 34108 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GEBBIE, DOUGLAS M. 7936 GRAND BAY DR. NAPLES, FL 34108 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT RAMSAY, WILLIAM H 161 AMBLEWOOD LANE NAPLES, FL 34105 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NINA HOPKINS 3300 BINNACLE DR. #210 NAPLES, FL 34103 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KENDALL, ROY 7032 PELICAN BAY BLVD. #301 NAPLES, FL 34108 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DONALD MCGEE 346 HAWSER LANE NAPLES FL 34102 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD STARK, CALLUM 28524 SOMBRERD DRIVE BONITA SPRINGS, FL 34135 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RICHARD MELICK 264 SILVERADO DR. NAPLES FL 34119 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SYLVIA PREWITT 719 TEAL COURT NAPLES FL 34108 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: Richard Melick		RICHARD MELICK 3/23/05 239.4554358	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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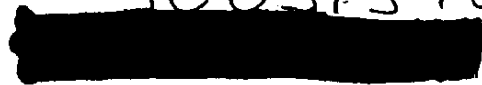
1. Entity Name
ST. ANDREW'S SOCIETY OF SOUTHWEST FLORIDA, INC.

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

ATTACHMENT

50031342



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03092005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-3564206

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	MACILVAINE, WILLIAM R	522 PINE GROVE LANE	NAPLES, FL 34103	<input type="checkbox"/>
PD	GEBBIE, DOUGLAS M	7936 GRAND BAY DR	NAPLES, FL 34108	<input type="checkbox"/>
DT.	RAMSAY, WILLIAM H	161 AMBLEWOOD LANE	NAPLES, FL 34105	<input type="checkbox"/>
SD	KENDALL, ROY	7032 PELICAN BAY BLVD. #301	NAPLES, FL 34108	<input type="checkbox"/>
VPD	STARK, CALLUM	28524 SOMBRERD DRIVE	BONITA SPRINGS, FL 34135	<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
D	GEORGE METCALF	8430 ABBINGTON CIRCLE #C34	NAPLES, FL 34108	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	DAVID PATTON	660 VIA MENZER #401	NAPLES FL 34108	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #