

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

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90102 037 ****61.25

DOCUMENT # N98000002408
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**

60000414



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **59-3564206** Applied For
Not Applicable

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

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

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	PD	<input type="checkbox"/> Delete
NAME	MACILVAINE, WILLIAM R	
STREET ADDRESS	522 PINE GROVE LANE	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GEBBIE, DOUGLAS M	
STREET ADDRESS	7936 GRAND BAY DR	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE	DT	<input type="checkbox"/> Delete
NAME	PROUD, JAMES	
STREET ADDRESS	4021 GULF SHORE BLVD #804	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CAMERON, DON	
STREET ADDRESS	625 RUDDER RD.	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MACCHIA, THOMAS	
STREET ADDRESS	5645 ELUETHERIA WAY	
CITY-ST-ZIP	NAPLES FL 34119	
TITLE	D	<input type="checkbox"/> Delete
NAME	WOODHAMS, JOHN P	
STREET ADDRESS	8171 BAY COLONY DR. #1001	
CITY-ST-ZIP	NAPLES FL 34108	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACILVAINE, WILLIAM R	
STREET ADDRESS	522 PINE GROVE LANE	
CITY-ST-ZIP	NAPLES, FL. 34103	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEBBIE, DOUGLAS M.	
STREET ADDRESS	7936 GRAND BAY DR	
CITY-ST-ZIP	NAPLES, FL 34108	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KENDALL, ROY	
STREET ADDRESS	625 RUDDER RD	
CITY-ST-ZIP	NAPLES, FL 34108	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MACLEA, DANIEL	
STREET ADDRESS	122 MOORINGS PARK DR	
CITY-ST-ZIP	NAPLES, FL 34105	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATTON, DAVID	
STREET ADDRESS	660 VIA MENZER #401	
CITY-ST-ZIP	NAPLES, FL 34108	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMSAY, WILLIAM	
STREET ADDRESS	161 AMBLEWOOD LANE	
CITY-ST-ZIP	NAPLES, FL. 34105	

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: James D. Proud (JAMES D. PROUD) 1/6/03 239-262-6649

CR2E037 (10/02)

Attachment
N98000002408

ADDITIONAL DIRECTOR

D

STARK, CALLUM

28524 SOMBRERO DR.

BONITA SPRINGS, FL 34135