


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 07, 2007 8:00 am**  
**Secretary of State**

08-07-2007 90027 024 \*\*\*\*61.25

<b>DOCUMENT # 743105</b> 1. Entity Name <b>THE SAINT ANDREW SOCIETY OF TALLAHASSEE, INC.</b>					
Principal Place of Business <b>430 BEARD ST TALLAHASSEE, FL 32303 US</b>			Mailing Address <b>P. O. BOX 12034 TALLAHASSEE, FL 32317 US</b>		
2. Principal Place of Business - No P.O. Box # <b>1031 E. Magnolia Dr.</b>		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>Tallahassee, FL</b>		City & State		4. FEI Number <b>59-1874762</b>	
Zip <b>32301</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MCLAREN, TOM 1112 LOCHKNOLL CT TALLAHASSEE, FL 32312</b>			7. Name and Address of New Registered Agent Name <b>Henderson, Doris R.</b> Street Address (P.O. Box Number is Not Acceptable) <b>1031 E. Magnolia Dr.</b> City <b>Tallahassee</b> <b>FL</b> Zip Code <b>32312</b>		
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 <u>Doris R. Henderson Treasurer Doris R. Henderson</u> <u>8/3/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCLAREN, TOM 112 LOCHKNOLL CT TALLAHASSEE, FL 32312	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P King, Eric 6119 0x Bottom Manor Dr. Tallahassee, FL 32312	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR FERGOSOM, DAVID S 3061 O'BRIEN DR TALLAHASSEE, FL 32309	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Henderson, Doris R. 1031 E. Magnolia Dr. Tallahassee, FL 32301	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR KRATT, FRANCES 4905 HEATHER DR TALLAHASSEE, FL 32309	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR MACDONALD, DANIEL H 3005 WHISPER CT TALLAHASSEE, FL 32308	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MS STEWART, BARBARA 903 KENILWORTH ROAD TALLAHASSEE, FL 32312	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EC HARRIS, JULIE 133-19 OAK ST TALLAHASSEE, FL 32301	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b> <u>Doris R. Henderson</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>8/3/07</u> <small>Date</small>		<u>850/877-3241</u> <small>Daytime Phone #</small>