## 2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006114

Entity Name: ST. ANDREW'S RESIDENCE OF THE DIOCESE OF SOUTHEAST

FLORIDA, INC.

**FILED** Feb 10, 2016 **Secretary of State** CC7464031249

## **Current Principal Place of Business:**

525 NE 15TH STREET MIAMI, FL 33132

## **Current Mailing Address:**

525 NE 15TH STREET MIAMI, FL 33132

FEI Number: 32-0255132 Certificate of Status Desired: Yes

## Name and Address of Current Registered Agent:

JOHNSON, CHARLES H ESQ. 6495 SUNSET DRIVE SOUTH MIAMI, FL 33143 US

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.

SIGNATURE: CHARLES H JOHNSON 02/10/2016

> Electronic Signature of Registered Agent Date

Officer/Director Detail:

City-State-Zip:

Title DΡ Title DT

Name EATON, PETER D Name HUSTON, TOM

Address 525 NE 15TH STREET Address 525 NE 15TH STREET

City-State-Zip: MIAMI FL 33132 City-State-Zip: MIAMI FL 33132

Title Title DS

TIDY, JOHN Name VALDES, CRIS Name

Address 525 NE 15TH STREET Address 525 NE 15TH STREET City-State-Zip: MIAMI FL 33132 City-State-Zip: MIAMI FL 33132

Title Title

Name MILLER, RICHARD Name JOHNSON, CHARLES H ESQ. Address 525 NE 15TH STREET 6495 SUNSET DRIVE Address City-State-Zip: MIAMI FL 33132 SOUTH MIAMI FL 33143

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PETER D EATON

Electronic Signature of Signing Officer/Director Detail

DP

02/10/2016