

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N19845

**Entity Name:** ST. ANDREW CHRISTIAN CARE CENTER, INC.**Current Principal Place of Business:**3101A W. HIGHWAY 98  
PANAMA CITY, FL 32401**Current Mailing Address:**3101A W. HIGHWAY 98  
PANAMA CITY, FL 32401 US**FEI Number:** 59-2793858**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**HOLLEY, WINDELL  
3721 W 25TH ST  
PANAMA CITY, FL 32405 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name HOLLEY, WINDELL  
Address 3721 W 25TH STREET  
City-State-Zip: PANAMA CITY FL 32405

Title STD  
Name DYE, JANICE  
Address 1139 COVE POINTE DR  
City-State-Zip: PANAMA CITY FL 32401

Title D  
Name GIBSON, CARRIE  
Address 337 SHIRLEY DRIVE  
City-State-Zip: PANAMA CITY FL 32404

Title DIRECTOR  
Name WHITAKER, CHERYL  
Address PO BOX 28137  
City-State-Zip: PANAMA CITY FL 32411-8137

Title VDT  
Name DYE, JOHN VD  
Address 1139 COVE POINTE DRIVE  
City-State-Zip: PANAMA CITY FL 32401

Title D  
Name COLLINS, CLARENCE C  
Address 2607 PAIGE CIRCLE  
City-State-Zip: PANAMA CITY FL 32405

Title DIRECTOR  
Name WHITAKER, CLIFTON  
Address PO BOX 28137  
City-State-Zip: PANAMA CITY FL 32411-8137

Title DIRECTOR  
Name BOATWRIGHT, JOHN  
Address 155 PARKSHORE DRIVE  
City-State-Zip: PANAMA CITY FL 32413-8060

**Continues on page 2**

*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:** WINDELL HOLLEY**PRESIDENT****01/11/2017**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name TATE, CHARLES  
Address 3302 PRETTY BAYOU CT  
City-State-Zip: PANAMA CITY FL 32405-1700

Title DIRECTOR  
Name CORNETT, GEORGE  
Address 718 WEST PIERSON DRIVE  
City-State-Zip: LYNN HAVEN FL 32444-3166

Title DIRECTOR  
Name WHITAKER, REBECCA  
Address PO BOX 584  
City-State-Zip: PANAMA CITY FL 32402-0584