

2016 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	VDT
Name	BOATWRIGHT, JOHN VD
Address	155 PARKSHORE DRIVE
City-State-Zip:	PANAMA CITY BEACH FL 32413

Title	STD
Name	DYE, JANICE
Address	1139 COVE POINTE DR
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	D
Name	GIBSON, CARRIE
Address	337 SHIRLEY DRIVE
City-State-Zip:	PANAMA CITY FL 32404

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**REGISTERED AGENT****01/25/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date