

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000002180

**Entity Name:** ST. ANDREW'S FOUNDATION, INC.

**Current Principal Place of Business:**

210 S. INDIAN RIVER DRIVE  
FORT PIERCE, FL 34950

**Current Mailing Address:**

210 S. INDIAN RIVER DRIVE  
FORT PIERCE, FL 34950 US

**FEI Number:** 65-0845155

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

LIEBLER, JOHN S  
210 S. INDIAN RIVER DRIVE  
FORT PIERCE, FL 34950 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 D  
Name LIEBLER, JOHN S  
Address 2254 6TH AVENUE, SE  
City-State-Zip: VERO BEACH FL 32962

Title O  
Name LINDGREN, SHARON L  
Address 1997 SE CROWBERRY DRIVE  
City-State-Zip: PORT ST. LUCIE FL 34983

Title D  
Name ARMSTRONG, CHARLES M  
Address 3430 SW ISLESWORTH CR  
City-State-Zip: FT. PIERCE FL 34990-3168

Title D  
Name CARVER, JEFFREY  
Address 327 NW STRATFORD LANE  
City-State-Zip: PORT ST. LUCIE FL 34983-3431

Title O  
Name AUSTIN, GREGG  
Address 110 NW BERKELEY AVE  
City-State-Zip: PORT ST LUCIE FL 34986-3594

*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:** SHARON L. LINDGREN

**SECRETARY**

**01/09/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date