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: CHARLES M ARMSTRONG

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# N9500002180

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

Name and Address of Current Registered Agent:

TRENTER, DAWN M 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	E: DAWN M TRENTER		03/20/2017
	Electronic Signature of Registered Agent		Date
Officer/Director Detail :			
Title	PASTOR	Title	OFFICER
Name	JACOBUS, RUSSELL E	Name	CARVER, JEFFREY
Address	34 HARBOUR ISLE DRIVE W	Address	327 NW STRATFORD LANE
City-State-Zip:	#PH6 FORT PIERCE FL 34949	City-State-Zip:	PORT ST. LUCIE FL 34983-3431
Title Name Address City-State-Zip:	TREASURER ARMSTRONG, CHARLES M 1317 SW SANDALWOOD COVE PORT SAINT LUCIE FL 34986	Title Name Address City-State-Zip:	OFFICER CHIBAS, GUIDO 582 OLEANDER COURT PORT SAINT LUCIE FL 34952
Title Name Address City-State-Zip:	SECRETARY STABILE, RICHARD 174 NE JETTIE TERRACE PORT SAINT LUCIE FL 34983		

TREASURER

03/20/2017

FILED Mar 20, 2017 Secretary of State CC5540992928

Certificate of Status Desired: No

Date