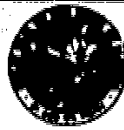


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morfham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 702692 (5)
1. Corporation Name
ST. ANDREW'S SCHOOL OF BOCA RATON, INCORPORATED

**APPROVED
AND
FILED**
95 APR 24 AM 9:04
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business: **3900 JOG ROAD BOCA RATON FL 33434**
Mailing Address: **3900 JOG ROAD BOCA RATON FL 33434**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/17/1961**
3a. Date of Last Report: **04/21/1994**
4. FEI Number: **59-0942383**
Applied For: Not Applicable:

2. Principal Place of Business: **21** Suits, Apt. #, etc.: **22** City & State: **23** Zip: **24** Country: **25**
2a. Mailing Address: **26** Suits, Apt. #, etc.: **27** City & State: **28** Zip: **29** Country: **30**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent:
**VAN VALKENBURG, KATHY J.
SAINT ANDREW'S SCHOOL
3900 JOG ROAD
BOCA RATON FL 33434**

10. Name and Address of New Registered Agent:
81 Name:
82 Street Address (P.O. Box Number is Not Acceptable):
83
84 City: **FL** **85** Zip Code:

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, ERNEST M. JR.	1.2 NAME	
STREET ADDRESS	2083 N.W. 19TH WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33431	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDREWS, GEORGE	2.2 NAME	
STREET ADDRESS	3900 JOG RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PICKUP, ROBERT	3.2 NAME	
STREET ADDRESS	110 S.E. 8TH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SONNEBORN, BARBARA	4.2 NAME	
STREET ADDRESS	P.O. BOX 024486 N/A	4.3 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BEACH FL 33402	4.4 CITY-ST-ZIP	
TITLE	VC	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUTLER, J. MURFEE	5.2 NAME	
STREET ADDRESS	200 SOUTH MAYA PALM DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33432	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *George E. Andrews Jr* **4-19-95** (107)483-8900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #