

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90136 021 ****61.25

DOCUMENT # 710647

1. Entity Name

ST. ANDREW'S RESIDENCE OF THE PALM BEACHES, INC.

Principal Place of Business

Mailing Address

208 FERN ST
 WEST PALM BEACH FL 33401

208 FERN ST
 WEST PALM BEACH FL 33401

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6180131

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FLANIGAN, JOHN F.
625 N FLAGLER DR.
WEST PALM BEACH FL 33401

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

T
 NAME **BALDWIN, DONALD** ☒ Delete
 STREET ADDRESS **#2 LOCHWICH ROAD**
 CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

PD
 NAME **HAMILTON, REV. WM E.** ☐ Delete
 STREET ADDRESS **100 N. PALM WAY**
 CITY-ST-ZIP **LAKE WORTH FL 33460**

D
 NAME **FERRIN, HOWARD E** ☐ Delete
 STREET ADDRESS **2 COMPTON WAY**
 CITY-ST-ZIP **BOYNTON BEACH FL 33426**

VD
 NAME **HESS, RAY** ☐ Delete
 STREET ADDRESS **234 INFANTA AVE.**
 CITY-ST-ZIP **ROYAL PALM BCH. FL 33411**

S
 NAME **MUMBY, FRANK** ☐ Delete
 STREET ADDRESS **8123 ANOROBORO COURT**
 CITY-ST-ZIP **W. PALM BEACH FL 33433**

T
 NAME **HESS, RAY** ☒ Delete
 STREET ADDRESS **234 INFANTA AVE**
 CITY-ST-ZIP **WEST PALM BEACH FL 33411**

T
 NAME **Mangrum, Rev. John** ☒ Change ☐ Addition
 STREET ADDRESS **6065 S. Verde Trail G313**
 CITY-ST-ZIP **Boca Raton, FL 33433**

☐ Change ☐ Addition

D
 NAME **Ferrin, Howard E.** ☒ Change ☐ Addition
 STREET ADDRESS **P.O. Box 17919**
 CITY-ST-ZIP **West Palm Beach, FL 33416-7919**

☐ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Theresa Williams*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-02

Date

Daytime Phone #

CR2E037 (9/01)