

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 14, 2006 8:00 am
Secretary of State

08-14-2006 90037 015 ****61.25

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DOCUMENT # 710647					
1. Entity Name ST. ANDREWS RESIDENCE OF THE PALM BEACHES, INC.					
Principal Place of Business 208 FERN ST WEST PALM BEACH, FL 33401			Mailing Address 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		
Zip	Country	Zip	Country	4. FEI Number 59-6180131	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MANGRUM, JOHN REV 6065 S VERDE TRAIL G313 BOCA RATON, FL 33433 Member <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dehon, Pat 3800 Washington Rd. #706 West Palm Beach, FL 33405 Member <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAMILTON, REV. WM E. 100 N. PALM WAY LAKE WORTH, FL 33460 President <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Rev. Walter F. Hendricks III 2303 NE Seaview Dr. Jensen Beach, FL 33497 Member <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARRON, CAROL P.O. BOX 11127 PORT SALERNO, FL 34992 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Rev. Keneth Ornell 211 Trinity Place West Palm Beach, FL 33401 Member <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PAULSEN, JACOB 7975 PINE TREE LANE WEST PALM BEACH, FL 33406 Member Add <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mr. Peter Wronsky 749 U.S. Highway 1 North Palm Beach, FL 33408 Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SMALLING, GENE 2960 CYNTHIA LANE, # 201 WEST PALM BEACH, FL 33461 Member Add <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Rev. Denise Hudspeth 1255 Taylor Road West Palm Beach, FL 33406 MEMBER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OLIN, BARBARA 2614 EMERY LANE LAKE WORTH, FL 33460 Vice President <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	John Meade 2964 San Remo Way Delray Beach, FL 33445 Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Barbara E Olin</u> BARBARA E. OLIN				Date: <u>7/20/06</u> 561 662-0790	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	