

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90329 030 \*\*\*\*61.25

**DOCUMENT # 710647**

1. Entity Name

**ST. ANDREW'S 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

**208 FERN STREET**

3. Mailing Address

**208 FERN STREET**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**WEST Palm BEACH**

City & State

**FLORIDA**

4. FEI Number **59-6180131**

Applied For

Not Applicable

Zip  
**33401**

Country  
**Palm BEACH**

Zip  
**33401**

Country  
**P.B. County**

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME **MANGRUM, JOHN REV**  
STREET ADDRESS **6065 S VERDE TRAIL G313**  
CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **D FERRIN, HOWARD E**  
STREET ADDRESS **PO BOX 17919**  
CITY-ST-ZIP **WEST PALM BCH FL 33416-7919**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*John F. Flanigan*

01/14/03

CR2E037 (10/02)