FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 28 PM 6:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **717742** **(1)**

1. Corporation Name

THE ST. ANDREW SOCIETY OF FLORIDA, INC.

Principal Place of Business	Mailing Address
P. O. DRAWER 24 555 COLORADO AVENUE, SUITE 1 STUART FL 34995-0024	129 COVE VIEW STUART FL 34994

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/16/1969**

3a. Date of Last Report: **05/01/1994**

4. FEI Number: **59-2355470** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21):

2a. Mailing Address (26):

Suite, Apt. #, etc. (22):

Suite, Apt. #, etc. (27):

City & State (23):

City & State (28):

Zip (24): Country (25): 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

BROWN, FRANCIS E.
3217 COLLINGS DRIVE
PORT ST LUCIE FL 34953

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	11 TITLE	☐ Change ☐ Addition
NAME	BALCIULIS, KAY	12 NAME	
STREET ADDRESS	129 COVE VIEW	13 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	SPRAGUE, NANCY	22 NAME	
STREET ADDRESS	4608 S.E. MARIE WAY	23 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	24 CITY-ST-ZIP	
TITLE	DP	31 TITLE	☐ Change ☐ Addition
NAME	BROWN, FRANK	32 NAME	
STREET ADDRESS	3217 COLLINGS AVE.	33 STREET ADDRESS	
CITY-ST-ZIP	PT ST LUCIE FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	MCILROY, LILIAN	42 NAME	
STREET ADDRESS	5016 HICKORY DR	43 STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE FL	44 CITY-ST-ZIP	
TITLE	S	51 TITLE	☐ Change ☐ Addition
NAME	LOWERY, JEAN	52 NAME	
STREET ADDRESS	9801 S. A1A #199-2	53 STREET ADDRESS	
CITY-ST-ZIP	JENSEN BCH FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☑ Change ☐ Addition
NAME	MACKENZIE, ELIZABETH MERCER	62 NAME	D BALCIULIS, Charles
STREET ADDRESS	4608 SE MARIE WAY	63 STREET ADDRESS	129 Cove View
CITY-ST-ZIP	STUART FL	64 CITY-ST-ZIP	Stuart FL

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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

407

SIGNATURE: Kathleen Balciulis KATHLEEN BALCIULIS 4/25/95 337-9893

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0070810