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May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **717742** (1)

1. Corporation Name

THE ST. ANDREW SOCIETY OF FLORIDA, INC.

Principal Place of Business

**129 COVE VIEW
STUART FL 34994**

Mailing Address

**129 COVE VIEW
STUART FL 34994-9125**

3. Date Incorporated or Qualified **12/16/1969** 3a. Date of Last Report **05/22/1996**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 **25**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 **30**

4. FEI Number
59-2355470

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **TD**
STREET ADDRESS **BALCIULIS, KAY**
CITY-ST-ZIP **129 COVE VIEW
STUART FL**

TITLE ☐ DELETE
NAME **VD**
STREET ADDRESS **SPRAGUE, NANCY**
CITY-ST-ZIP **4808 S.E. MARIE WAY
STUART FL**

TITLE ☐ DELETE
NAME **DP**
STREET ADDRESS **BROWN, FRANK**
CITY-ST-ZIP **3217 COLLINGS AVE.
PT ST LUCIE FL**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **MCILROY, LILIAN**
CITY-ST-ZIP **5016 HICKORY DR
FT PIERCE FL**

TITLE ☐ DELETE
NAME **S**
STREET ADDRESS **LOWERY, JEAN**
CITY-ST-ZIP **9801 S. A1A #199-2
JENSEN BCH FL**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **BALCIULIS, CHARLES**
CITY-ST-ZIP **129 COVE VIEW
STUART FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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.

SIGNATURE: *Kay Balcilius* **REQUIRED BALCIULIS** 4/30/97 561-337-9898
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 007 1692

CR2E037 (9/96)