


FILE NOW: FILING FEE IS \$61.25

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90200 007 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 717742					
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		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/16/1969	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2355470	
22	City & State	27	City & State	Applied For <input type="checkbox"/> Not Applicable	
23	Zip	28	Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24	Country	29	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BROWN, FRANCIS E. 3217 COLLINGS DRIVE PORT ST LUCIE FL 34953				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 KAY BALCIULIS TD (NOTE: Registered Agent signature required when reinstating) DATE 5/3/99

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	TD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BALCIULIS, KAY			1.2 NAME			
STREET ADDRESS	129 COVE VIEW			1.3 STREET ADDRESS			
CITY-ST-ZIP	STUART FL			1.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SPRAGUE, NANCY			2.2 NAME			
STREET ADDRESS	4608 S.E. MARIE WAY			2.3 STREET ADDRESS			
CITY-ST-ZIP	STUART FL			2.4 CITY-ST-ZIP			
TITLE	DP	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BROWN, FRANK			3.2 NAME			
STREET ADDRESS	3217 COLLINGS AVE.			3.3 STREET ADDRESS			
CITY-ST-ZIP	PT ST LUCIE FL			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MCILROY, LILIAN			4.2 NAME			
STREET ADDRESS	5016 HICKORY DR			4.3 STREET ADDRESS			
CITY-ST-ZIP	FT PIERCE FL			4.4 CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LOWERY, JEAN			5.2 NAME			
STREET ADDRESS	9801 S. A1A #199-2			5.3 STREET ADDRESS			
CITY-ST-ZIP	JENSEN BCH FL			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BALCIULIS, CHARLES			6.2 NAME			
STREET ADDRESS	129 COVE VIEW			6.3 STREET ADDRESS			
CITY-ST-ZIP	STUART FL			6.4 CITY-ST-ZIP			

14. 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 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, with all other like empowered.

SIGNATURE: KAY BALCIULIS 5/3/99 561 337-9893
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)