

**FILE NOW: FILING FEE AFTER MAY 1 IS \$165.00**

**APPROVED  
AND  
FILED**

95 APR 24 AM 8:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION ANNUAL REPORT 1995**



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

**DOCUMENT # 731283 (8)**  
1. Corporation Name  
**SAINT ANDREW'S SCHOOL ENDOWMENT FUND, INC.**

Principal Place of Business      Mailing Address  
**3800 JOG RD  
BOCA RATON FLORIDA 33434**      **3800 JOG RD  
BOCA RATON FLORIDA 33434**

2. Principal Place of Business      2a. Mailing Address  
21 Suite, Apt. #, etc.      26 Suite, Apt. #, etc.  
22 City & State      27 City & State  
23 Zip      25 Country      29 Zip      30 Country

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified      3a. Date of Last Report  
**12/02/1974**      **04/20/1994**

4. FEI Number      Applied For  
**59-1622670**      Not Applicable

5. Certificate of Status Desired            **\$0.75 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 § 199.032, Florida Statutes       Yes       No

9. Name and Address of Current Registered Agent  
**VAN VALKENBURG, KATHY, J  
SAINT ANDREW'S SCHOOL  
3900 JOG RD  
BOCA RATON FL 33434**

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 re-registering

12. OFFICERS AND DIRECTORS

TITLE	<b>V</b>
NAME	<b>BUTLER, J M</b>
STREET ADDRESS	<b>200 SO MAYA PALM DR</b>
CITY - ST - ZIP	<b>BOCA RATON FL</b>
TITLE	<b>PD</b>
NAME	<b>ANDREWS, GEORGE</b>
STREET ADDRESS	<b>3800 JOG RD.</b>
CITY - ST - ZIP	<b>BOCA RATON, FL 00000</b>
TITLE	<b>TD</b>
NAME	<b>PICKUP, ROBERT</b>
STREET ADDRESS	<b>110 S.E. 6TH STREET</b>
CITY - ST - ZIP	<b>FT. LAUDERDALE FL</b>
TITLE	<b>D</b>
NAME	<b>SONNEBORN, BARBARA</b>
STREET ADDRESS	<b>P.O. BOX 024486 N/A</b>
CITY - ST - ZIP	<b>W. PALM BEACH FL 33402</b>
TITLE	<b>C</b>
NAME	<b>MILLER, ERNEST, M, JR</b>
STREET ADDRESS	<b>2063 N.W. 19TH WAY</b>
CITY - ST - ZIP	<b>BOCA RATON FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>D Rodney Cunningham</b>
4.3 STREET ADDRESS	<b>617 SW 15th Street</b>
4.4 CITY - ST - ZIP	<b>Boca Raton, FL 33486</b>
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>VC David Fuente</b>
5.3 STREET ADDRESS	<b>4874 Sanctuary Lane</b>
5.4 CITY - ST - ZIP	<b>Boca Raton, FL 33431</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 changed, or on an attachment with an address.

SIGNATURE: George E. Andrews II      DATE: 4-19-95      TELEPHONE: (407) 483-8900  
Signature and typed or printed name of signing officer or director      (Date)      (Daytime Phone #)