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May 01 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 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
3900 JOG RD BOCA RATON FLORIDA 33434 **3900 JOG RD BOCA RATON FLORIDA 33434-4455**

3. Date incorporated or Qualified **12/02/1974** 3a. Date of Last Report **02/27/1996**

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

4. FEI Number **59-1622670** 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
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 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 _____ (NOTE: Registered Agent Signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	VC	<input type="checkbox"/> DELETE
NAME	FUENTE, DAVID	
STREET ADDRESS	4874 SANCTUARY LANE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	ANDREWS, GEORGE	
STREET ADDRESS	3900 JOG RD.	
CITY-ST-ZIP	BOCA RATON, FL 00000	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	PICKUP, ROBERT	
STREET ADDRESS	110 S.E. 8TH STREET	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CUNNINGHAM, RODNEY	
STREET ADDRESS	617 SW 15TH STREET	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BUTLER, J.M.	
STREET ADDRESS	200 S MAYA PALM DR	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> DELETE
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Robert Zobel	
3.3 STREET ADDRESS	4481 Woodfield Blvd.	
3.4 CITY-ST-ZIP	Boca Raton, FL 33434	
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Kathy Assaf	
4.3 STREET ADDRESS	21095 Hamlin Drive	
4.4 CITY-ST-ZIP	Boca Raton, FL 33433	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 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: George E. Andrews 4-21-97 5614838900
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0042187

CR2E037 (9/96)