

FILE NOW: FILING FEE IS \$61.25

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**Feb 03 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 731283 (8)
1. Corporation Name
SAINT ANDREW'S SCHOOL ENDOWMENT FUND, INC.



Principal Place of Business 3900 JOG RD BOCA RATON FLORIDA 33434	Mailing Address 3900 JOG RD BOCA RATON FLORIDA 33434
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3. Date Incorporated or Qualified 12/02/1974		
4. FEI Number 59-1622670	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
25 Country	30 Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	VC <input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FUENTE, DAVID	1.2 NAME
STREET ADDRESS	4874 SANCTUARY LANE	1.3 STREET ADDRESS
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDREWS, GEORGE	2.2 NAME
STREET ADDRESS	3900 JOG RD.	2.3 STREET ADDRESS
CITY-ST-ZIP	BOCA RATON, FL 00000	2.4 CITY-ST-ZIP
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZOBEL, ROBERT	3.2 NAME
STREET ADDRESS	4481 WOODFIELD ST.	3.3 STREET ADDRESS
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASSAF, KATHY	4.2 NAME
STREET ADDRESS	21095 HAMLIN DR.	4.3 STREET ADDRESS
CITY-ST-ZIP	BOCA RATON FL	4.4 CITY-ST-ZIP
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUTLER, J.M.	5.2 NAME
STREET ADDRESS	200 S MAYA PALM DR	5.3 STREET ADDRESS
CITY-ST-ZIP	BOCA RATON FL	5.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		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.

SIGNATURE: *George S. Andrews* 1-16-98 501 483 8900

CR2E037 (10/97)