## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 731283**

FILED Apr 08, 2009 Secretary of State

Entity Name: SAINT ANDREW'S SCHOOL ENDOWMENT FUND, INC.

Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
3900 JOG BOCA RA	ROAD ATON, FL 33434				
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
3900 JOG BOCA RA	ROAD ATON, FL 33434				
FEI Numbe	r: 59-1622670	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name an	d Address of Cu	rrent Registered Agent:	Name and Address	of New Registered Agent:	
SAINT AN 3900 JOG BOCA RA	ATON, FL 33434	DL US	purpose of changing its register	ed office or registered agent, or both,	
	te of Florida.		panpood of onlanging the regions.	ou omos of rogicio, ou agoin, or boun,	
SIGNATU	JRE:				
	Electronic	Signature of Registered Ag	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	PT () DO KREJCAREK, ANN 3900 JOG ROAD BOCA RATON, FL	N MARIE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Name: Address: City-St-Zip: Fitle: Name: Address:	KREJCAREK, ANN 3900 JOG ROAD BOCA RATON, FL CT () DO BROLLEY, KEVIN 1145 BEACH DRIV	NMARIE 33434 US elete /E	Name: Address:	( ) Change ( ) Addition ( ) Change ( ) Addition	
√ame: Address:	KREJCAREK, ANN 3900 JOG ROAD BOCA RATON, FL  CT () DO BROLLEY, KEVIN 1145 BEACH DRIN DELRAY BEACH,  VCT () DO OSBORNE, BRAD 789 AURELIA STR	N MARIE 33434 US elete /E FL 33483 US elete Y	Name: Address: City-St-Zip: Title: Name: Address:		
Name: Address: Dity-St-Zip: Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Address:	KREJCAREK, ANN 3900 JOG ROAD BOCA RATON, FL  CT () DO BROLLEY, KEVIN 1145 BEACH DRIV DELRAY BEACH,  VCT () DO OSBORNE, BRAD 789 AURELIA STE BOCA RATON, FL  TT () DO RICHMAN, ANDRE 3634 PRINCETON	N MARIE  33434 US elete  /E FL 33483 US elete Y REET 33486 US elete EW M I PLACE	Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	()Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PHILIP CORK AT 04/08/2009