

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION ANNUAL REPORT <b>1995</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Norrman Secretary of State DIVISION OF CORPORATIONS
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APPROVED  
AND  
FILED

**DOCUMENT # 735026 (7)**  
 1. Corporation Name  
**THE SAINT ANDREW'S SOCIETY OF PENSACOLA, FLORIDA, INC.**

55 MAY -1 AM 9:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business <b>302 CAMELIA STREET GULF BREEZE FL 32561-4230</b>	Mailing Address <b>302 CAMELIA STREET GULF BREEZE FL 32561-4230</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>02/23/1976</b>	3a. Date of Last Report <b>04/04/1994</b>
4. FEI Number <b>59-1773533</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt #, etc	Suite, Apt #, etc
22 City & State <b>23</b>	27 City & State <b>28</b>
24 Zip <b>25</b>	29 Zip <b>30</b>
Country	Country

9. Name and Address of Current Registered Agent  
**HUTCHINS, MADELEINE  
 3233 BAYVIEW WAY  
 PENSACOLA FL 32503**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

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 \_\_\_\_\_ (Signature, title or printed name of registered agent and FEI preparator) \_\_\_\_\_ (Name, Registered Agent signature required when he submits)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>T</b>	<b>SALLY G. HALL 302 CAMELIA ST GULF BREEZE FL 32561</b>	11 TITLE <b>Treasurer</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		12 NAME <b>Carla M. Price</b>	
STREET ADDRESS		13 STREET ADDRESS <b>4620 Tradewinds Circle</b>	
CITY, ST, ZIP		14 CITY, ST, ZIP <b>Pensacola, FL 32514</b>	
TITLE <b>VP</b>	<b>ROBERT MALCOMSON 5017 CRESTWOOD RD PENSACOLA FL 32504</b>	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY, ST, ZIP		24 CITY, ST, ZIP	
TITLE <b>D</b>	<b>ROLAND CAMPBELL 461 CALLE VENTOSO PENSACOLA FL 32514</b>	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME <b>Mildred Hartzel</b>	
STREET ADDRESS		33 STREET ADDRESS <b>5623 Scotland Circle</b>	
CITY, ST, ZIP		34 CITY, ST, ZIP <b>Pensacola, FL 32526</b>	
TITLE <b>P</b>	<b>BRUCE G. HUCHINS 3233 BAYVIEW WAY PENSACOLA FL 32503</b>	41 TITLE <b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME <b>Sally G. Hall</b>	
STREET ADDRESS		43 STREET ADDRESS <b>302 Camelia St.</b>	
CITY, ST, ZIP		44 CITY, ST, ZIP <b>Gulf Breeze, FL 32561</b>	
TITLE <b>D</b>	<b>MACLEOD, ISABEL M. 8325 HARBOR SQUARE PENSACOLA FL</b>	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE <b>D</b>	<b>HUTCHINS, MADELEINE 3233 BAYVIEW WAY PENSACOLA FL</b>	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME <b>Cindy Malcomson</b>	
STREET ADDRESS		63 STREET ADDRESS <b>5017 Crestwood Rd.</b>	
CITY, ST, ZIP		64 CITY, ST, ZIP <b>Pensacola, FL 32504</b>	

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)(b), 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 in person, 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: Carla M. Price 4-26-95 (904) 968-2121  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Typed Name)