

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1996



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

DOCUMENT # 735026 (7)

1. Corporation Name

THE SAINT ANDREW'S SOCIETY OF PENSACOLA, FLORIDA, INC.



Principal Place of Business: **302 CAMELIA STREET GULF BREEZE FL 32561-4230**
 Mailing Address: **302 CAMELIA STREET GULF BREEZE FL 32561-4230**

3. Date Incorporated or Qualified: **02/23/1976**
 3a. Date of Last Report: **05/01/1995**

| | | | | | | | |
|--------------------------------|--|---------------------|--|---|--|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 4. FEI Number | | Applied For | |
| 21 | | 26 | | 59-1773533 | | Not Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | | <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 22 | | 27 | | 6. Election Campaign Financing Trust Fund Contribution | | <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| City & State | | City & State | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 23 | | 28 | | 24 | | 25 | |
| Zip | | Country | | 29 | | 30 | |

| | | | | | | | |
|---|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| HUTCHINS, MADELEINE 3233 BAYMEW WAY PENSACOLA FL 32503 | | | | 81 Name | | | |
| | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | | | 83 | | | |
| | | | | 84 City | | | |
| | | | | FL | | | |

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 | TRES | 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PRICE, ARLA M | 1.2 NAME | Price, Carla M |
| STREET ADDRESS | 4620 TRADEWINDS CIRCLE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | PENSACOLA FL | 1.4 CITY-ST-ZIP | |
| TITLE | VP | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ROBERT MALCOMSON | 2.2 NAME | |
| STREET ADDRESS | 5017 CRESTWOOD RD | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | PENSACOLA FL 32504 | 2.4 CITY-ST-ZIP | |
| TITLE | D | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HARTZEL, MILDRED | 3.2 NAME | |
| STREET ADDRESS | 5623 SCOTLAND CIRCLE | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | PENSACOLA FL | 3.4 CITY-ST-ZIP | |
| TITLE | PRES | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HALL, SALLY G | 4.2 NAME | |
| STREET ADDRESS | 302 CAMELIA STREET | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | GULF BREEZE FL | 4.4 CITY-ST-ZIP | |
| TITLE | D | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MACLEOD, ISABEL M. | 5.2 NAME | |
| STREET ADDRESS | 8325 HARBOR SQUARE | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | PENSACOLA FL | 5.4 CITY-ST-ZIP | |
| TITLE | D | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MALCOMSON, CINDY | 6.2 NAME | |
| STREET ADDRESS | 5017 CRESTWOOD ROAD | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | PENSACOLA FL | 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 119.07(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 if changed, or on an attachment with an address.

SIGNATURE: Carla Price Carla Price 8/1/96 (904) 968-2121
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/96)