

FILE NOW: FILING FEE IS \$61.25

FILED
May 15 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 # 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
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3. Date Incorporated or Qualified 02/23/1976		
4. FEI Number 59-1773533	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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 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 type="checkbox"/> No		

21. Principal Place of Business Suite, Apt. #, etc.	22. Mailing Address Suite, Apt. #, etc.
23. City & State	24. City & State
25. Zip	26. Country
27. Zip	28. Country

9. Name and Address of Current Registered Agent
**MACLEOD, ISABEL M
8325 HARBOR SQUARE DR
PENSACOLA FL 32514**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	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	TRES	<input type="checkbox"/> DELETE
NAME	PRICE, CARLA M.	
STREET ADDRESS	4620 TRADEWINDS CIRCLE	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	ROBERT MALCOMSON	
STREET ADDRESS	5017 CRESTWOOD RD	
CITY-ST-ZIP	PENSACOLA FL 32504	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HARTZEL, MILDRED	
STREET ADDRESS	5623 SCOTLAND CIRCLE	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	PRES	<input type="checkbox"/> DELETE
NAME	HALL, SALLY G	
STREET ADDRESS	302 CAMELIA STREET	
CITY-ST-ZIP	GULF BREEZE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MACLEOD, ISABEL M.	
STREET ADDRESS	8325 HARBOR SQUARE	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MALCOMSON, CINDY	
STREET ADDRESS	5017 CRESTWOOD ROAD	
CITY-ST-ZIP	PENSACOLA FL	

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 type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 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: Sally G. Hall 4-29-98 850-932-3605
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: SALLY G. HALL, PRESIDENT Date: _____ Daytime Phone: # 00765 14

CR2E037 (10/97)