2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 04, 2005 8:00 am **DOCUMENT # 736263 Secretary of State** 1. Entity Name 03-04-2005 90071 001 ****61.25 THE ST. ANDREW'S SOCIETY OF TAMPA BAY, INC. Mailing Address Principal Place of Business P O BOX 663 TAMPA FL 33601 P O BOX 663 **TAMPA FL 33601** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2F037 (10/04) Applied For City & State City & State 4. FFI Number 59-1693417 Not Applicable \$8.75 Additional Zip Country 7in Country 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DOUGLAS-A. IRVING KIRKRRIDE, HAROLD R Street Address (P.O. Box Number is Not Acceptable) 1881 HERCULES AVE UNIT #1205 7 ROSERY LANE CLEARWATER FL 33765 33756 8. The above named entity submits this statement for the puppose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent SIGNATURE (NOTE Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Florida Department of State Due By May 1, 2005 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. JEFFRIES COLE C. JEFFRIES DIRECTOR Addition ☐ Change TITLE ☐ Defete TITLE GREIG. IAN 2501 WEST MORRISON NAME PO BOX 273508 STREET ADDRESS TAMPA, FL. 33629-5328 STREET ADDRESS **TAMPA FL 33688** CITY-ST-ZIP CITY-ST-ZIP DIRECTOR - ASST. S'ECRETARY ANNIE-KATE B. CARPENTER Addition ☐ Change TITLE ☐ Detete KIRKBRIDE, HAROLD NAME NAME 59 AEGEAN 1881 HERCULES AVE. #1205 STREET ADDRESS STREET ADDRESS **CLEARWATER FL 33765** CITY-ST-ZIP CITY-ST-ZIP TAMM, FL. 33606 DIRECTUR Change ★1 Addition TITLE Delete DR. IANL, MATHESON BOODR. M.L. KINGJR. BLUD. BARBER, STEVE NAME. NAME 2407 WATROUS AVE. STREET ADDRESS STREET ADDRESS CITY-ST-7IP TAMPA FL 33629 CITY-ST-ZIP TAMPA, FZ 33663 DIRECTOR DR. LESLIE L. CHISHOLM Addition □ Change ☐ Delete TITLE TITLE MCLEAN, MICAHEL NAME 16603 MILL AN de AVILA NAME 18908 AVENUE BIARRITZ STREET ADDRESS STREET ADDRESS **LUTZ FL 33549** DIRECTOR JAMES A. HARGAR 4406 WEST PLATT STREET TAMPA, F. . 38649 33613 CITY-ST-7IP CITY-ST-ZIP Addition Delete ☐ Change TITLE WALTERS, KEN NAME NAME 1304 S. DESOTO AVE. #310 STREET ADDRESS STREET ADDRESS **TAMPA FL 33606** TAMPA, FL. 33609 CITY-ST-789 CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete THE IRVING, DOUGLAS NAME NAME 7 ROSARY LANE STREET ADDRESS STREET ADDRESS CLEARWATER FL 33756 CITY-ST-ZIP CITY-ST-ZIP 12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

FILED

SIGNATURE: More and typed on Printed Name of Signing Frices on Director Date Destar De