

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 739936 (3)

1. Corporation Name
THE SAINT ANDREW'S SOCIETY OF JACKSONVILLE, FLORIDA, INC.



Principal Place of Business Mailing Address
~~100 N. Adams St.~~ Suite 600 ~~JACKSONVILLE FL 32202~~ Suite 600
~~100 N. Adams St.~~ Suite 600 ~~JACKSONVILLE FL 32202~~ Suite 600
100 N. Laura St. JACKSONVILLE FL 32202 **100 N. Laura St. JACKSONVILLE FL 32202**

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

3. Date Incorporated or Qualified **08/18/1977** 3a. Date of Last Report **05/01/1995**
4. FEI Number **59-1860792** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
BLACKARD, WILLIAM R JR
~~SUITE 1009~~ Suite 600
~~100 N. Adams St.~~ 100 N. Laura Street
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent
B1 Name **200001804182**
B2 Street Address (P.O. Box Number is Not Acceptable) **05702755-01012-007**
B3 *****61.25**
B4 City **FL** B5 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|--|
| TITLE | <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | TD NICHOLS, LARRY M. | 1.2 NAME | PD Smith, Hunter |
| STREET ADDRESS | 2117 GAMMA COURT | 1.3 STREET ADDRESS | 3032 La Reserve Dr. |
| CITY-ST-ZIP | ORANGE PARK FL 32073 | 1.4 CITY-ST-ZIP | Ponte Vedra Beach, FL 32082 |
| TITLE | <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PD BURNS, GEORGE | 2.2 NAME | VP Nichols, Larry M. |
| STREET ADDRESS | P.O. BOX 6186 N/A | 2.3 STREET ADDRESS | 2117 Gamma Court |
| CITY-ST-ZIP | FERNANDINA BEACH FL 32034 | 2.4 CITY-ST-ZIP | Orange Park, FL 32073 |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | SD WERNER, GEORGE | 3.2 NAME | TD Kinloch McCollum |
| STREET ADDRESS | 1045 LE BRUN DR. | 3.3 STREET ADDRESS | 18 Mitchell Court |
| CITY-ST-ZIP | JACKSONVILLE FL 32205 | 3.4 CITY-ST-ZIP | Orange Park, FL 32073 |
| TITLE | <input checked="" type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | D LESTER, CATHERINE | 4.2 NAME | D McCarthy, Campbell |
| STREET ADDRESS | 4051 CORRIENTES COURT S. | 4.3 STREET ADDRESS | PO Box 5356 N/A |
| CITY-ST-ZIP | JACKSONVILLE FL 32217 | 4.4 CITY-ST-ZIP | Jacksonville, FL 32247 |
| TITLE | <input checked="" type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | VD MARSHALL, JOHN | 5.2 NAME | D Baker, Francine |
| STREET ADDRESS | 2327 HIRSCH AVE | 5.3 STREET ADDRESS | 6959 Almours Dr. |
| CITY-ST-ZIP | JACKSONVILLE FL 32216 | 5.4 CITY-ST-ZIP | Jacksonville, FL 32217 |
| TITLE | <input checked="" type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | D MACKENZIE, NORMAN | 6.2 NAME | D Harvey, William Jr. |
| STREET ADDRESS | 4051 CORRIENTES COURT S. | 6.3 STREET ADDRESS | 5838 Clifton Ave. |
| CITY-ST-ZIP | JACKSONVILLE FL 32217 | 6.4 CITY-ST-ZIP | Jacksonville FL 32217 |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the reduced filing fee under Section 19.073(2), 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: *Kinloch McCollum* **KINLOCH MCCOLLUM, TREASURER** Date: **4/26/96** Daytime Phone #: **(904) 771-2100**

CR2E037 (12/95)