

FILE NOW: FILING FEE IS \$61.25

FILED
May 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		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 STE 600 100 N LAURA ST. JACKSONVILLE FL 32202	Mailing Address STE 600 100 N LAURA ST. JACKSONVILLE FL 32202-3670
--	---

3. Date Incorporated or Qualified 08/18/1977	3a. Date of Last Report 05/01/1996
4. FEI Number 59-1860792	Applied For <input type="checkbox"/> Not Applicable
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
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 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

9. Name and Address of Current Registered Agent
BLACKARD, WILLIAM R JR
STE 600
100 N LAURA ST.
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
FL 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	TD	<input type="checkbox"/> DELETE
NAME	NICHOLS, LARRY M.	
STREET ADDRESS	2117 GAMMA COURT	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	KINLOCH, MCCOLLUM	
STREET ADDRESS	18 MITCHELL CT	
CITY-ST-ZIP	ORANGE PK FL 32073	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	WERNER, GEORGE	
STREET ADDRESS	1045 LE BRUN DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32205	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCCARTHY, CAMPBELL	
STREET ADDRESS	PO BOX 5356 N A	
CITY-ST-ZIP	JACKSONVILLE FL 32247	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BAKER, FRANCINE	
STREET ADDRESS	6959 ALMOURS DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32217	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HARVEY, WILLIAM JR	
STREET ADDRESS	5838 CLIFTON AVE	
CITY-ST-ZIP	JACKSONVILLE FL 32211	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	<input checked="" 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	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Audrey W. Thomas	
3.3 STREET ADDRESS	4570 Pinewood Avenue	
3.4 CITY-ST-ZIP	Jacksonville, FL 32207	
4.1 TITLE	V/P	<input checked="" 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 do 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: *William R. Blackard* **REQUIRED** Date: *March 4, 1997* Daytime Phone: *(904) 267-7950*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)