

FILE NOW: FILING FEE IS \$61.25

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Apr 29 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 739936 (3)**

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



Principal Place of Business <b>STE 600 100 N LAURA ST. JACKSONVILLE FL 32202</b>	Mailing Address <b>STE 600 100 N LAURA ST. JACKSONVILLE FL 32202</b>
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3. Date Incorporated or Qualified <b>08/18/1977</b>	
4. FEI Number <b>59-1860792</b>	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business <b>21 SUITE 1330</b> Suite, Apt. #, etc. <b>22 200 W. FOXSYTH ST</b> City & State <b>23 JACKSONVILLE FLA</b> Zip <b>24 32202</b>	2a. Mailing Address <b>26 SUITE 1330</b> Suite, Apt. #, etc. <b>27 200 W. FOXSYTH ST</b> City & State <b>28 JACKSONVILLE, FLA</b> Zip <b>29 32202</b>	Country <b>30 USA</b>
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> No

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)	<b>SUITE 1330</b>
83	<b>200 W. FOXSYTH STREET</b>
84 City	<b>FL</b>
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	PD	<input type="checkbox"/> DELETE
NAME	NICHOLS, LARRY M.	
STREET ADDRESS	2117 GAMMA COURT	
CITY-ST-ZIP	ORANGE PARK FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	KINLOCH, MCCOLLUM	
STREET ADDRESS	18 MITCHELL CT	
CITY-ST-ZIP	ORANGE PK FL 32073	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	THOMAS, AUDREY W	
STREET ADDRESS	4570 PINEWOOD AVE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MCCARTHY, CAMPBELL	
STREET ADDRESS	PO BOX 5356 N A	
CITY-ST-ZIP	JACKSONVILLE FL	
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	<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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SD Ginger Cummings
3.3 STREET ADDRESS	1477 Holly Oaks Lane Rd, W.
3.4 CITY-ST-ZIP	Jacksonville, FL 32211
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	VP Bruce Gervin
4.3 STREET ADDRESS	4611 Jocelyn Road, W.
4.4 CITY-ST-ZIP	Jacksonville, FL 32225
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D Mark Douglas
5.3 STREET ADDRESS	1857 Burmeister Road
5.4 CITY-ST-ZIP	Fernandina Beach, FL 32034
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: *Sandra B. Mortham* April 29, 1998 (904) 771-2100

CR2E037 (10/97)