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May 10, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 739936

1. Corporation Name

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

Principal Place of Business

SUITE 1330
200 W. FORSYTH STREET
JACKSONVILLE FL 32202
US

Mailing Address

SUITE 1330
200 W. FORSYTH ST
JACKSONVILLE FL 32202
US



2. Principal Place of Business 21 SUITE 800 Suite, Apt. #, etc. 22 121 W. FORSYTH ST City & State 23 JACKSONVILLE, FLA Zip 24 32202	2a. Mailing Address 26 SUITE 800 Suite, Apt. #, etc. 27 SAME City & State 28 JACKSONVILLE, FLA Zip 29 32202	3. Date Incorporated or Qualified 08/18/1977	4. FEI Number 59-1860792	Applied For 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	

9. Name and Address of Current Registered Agent

BLACKARD, WILLIAM R JR
SUITE 1330
200 W. FORSYTH 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	85 Zip Code
	SUITE 800	121 W. FORSYTH STREET	JACKSONVILLE FL	32202

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD NICHOLS, LARRY M 2117 GAMMA COURT ORANGE PARK FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	TR MESSINA - CARL D 405 N-18 ST JAY BEACH FL 32250	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KINLOCH, MCCOLLUM	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	18 MITCHELL CT		2.2 NAME		
CITY-ST-ZIP	ORANGE PK FL 32073		2.3 STREET ADDRESS		
			2.4 CITY-ST-ZIP		
TITLE	SD CUMMINGS, GINGER	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1477 HOLLY OAKS LANE RD, W.		3.2 NAME		
STREET ADDRESS	JACKSONVILLE FL 32211		3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE	VP GERVIN, BRUCE	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4611 JOCELYN ROAD, W.		4.2 NAME		
STREET ADDRESS	JACKSONVILLE FL 32225		4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE	D DOUGLAS, MARK	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1857 BURMEISTER ROAD		5.2 NAME		
STREET ADDRESS	FERNANDINA BEACH FL 32034		5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE	D HARVEY, WILLIAM JR	<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5838 CLIFTON AVE		6.2 NAME		
STREET ADDRESS	JACKSONVILLE FL 32211		6.3 STREET ADDRESS		
CITY-ST-ZIP			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, with all other like empowered.

SIGNATURE: *Carl D. Messina* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-1-99 904-246-7660

CR2E037 (1/98)