

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 07, 2003 8:00 am**  
**Secretary of State**

03-07-2003 90064 002 \*\*\*\*61.25

**DOCUMENT # 739936**

1. Entity Name

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



Principal Place of Business

**2468 ATLANTIC BLVD  
JACKSONVILLE FL 32207  
US**

Mailing Address

**2468 ATLANTIC BLVD  
JACKSONVILLE FL 32207  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1860792**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**BLACKARD, WILLIAM R JR  
2468 ATLANTIC BLVD  
JACKSONVILLE FL 32207**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ROGERS, JOHN</b>	
STREET ADDRESS	<b>3015 SEAHAWK DR</b>	
CITY-ST-ZIP	<b>PONTE VEDRA BEACH FL 32082</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>REILLY, ANN</b>	
STREET ADDRESS	<b>924 5TH STREET</b>	
CITY-ST-ZIP	<b>NEPTUNE BEACH FL 32266</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>ROGERS, BERNICE</b>	
STREET ADDRESS	<b>3105 SEAHAWK DR.</b>	
CITY-ST-ZIP	<b>PONTE VEDRA BEACH FL 32082</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>GEMMELL, BARBARA</b>	
STREET ADDRESS	<b>520 STOKES LANDING RD</b>	
CITY-ST-ZIP	<b>SAINT AUGUSTINE FL 32095</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>REILLY, ANN</b>	
STREET ADDRESS	<b>924 5TH ST.</b>	
CITY-ST-ZIP	<b>NEPTUNE BEACH FL 32266</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GEMMELL, RONALD</b>	
STREET ADDRESS	<b>520 STOKES LANDING RD.</b>	
CITY-ST-ZIP	<b>SAINT AUGUSTINE FL 32095</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GERVIN, JANET RO W</b>	
STREET ADDRESS	<b>4611 JOCELYN RD W</b>	
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32225</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MITCHELL, JAMES</b>	
STREET ADDRESS	<b>7990-1207 BAYMEADOWS RD E</b>	
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32256</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (10/02)

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.

SIGNATURE:

*Barbara H Gemmell* **BARBARA H GEMMELL 3/5/03**

904829-2926