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CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 23 PM 3:34

DOCUMENT # 741668 (8)

1. Corporation Name
ST. ANDREW'S BAY CENTER FOR RETARDED CITIZENS

Principal Place of Business	Mailing Address
1804 CAROLINA AVE. P.O. BOX 1320 LYNN HAVEN FL 32444	1804 CAROLINA AVE. P.O. BOX 1320 LYNN HAVEN FL 32444

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/20/1978
3a. Date of Last Report: 02/23/1994
4. FEI Number: 59-0951529 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent

DAVIS, VIRIGNIA W.
1804 CAROLINA AVE.
LYNN HAVEN FL 32444

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandatory) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ED	11 TITLE	P ☒ Change ☐ Addition
NAME	DAVIS, VIRIGNIA W.	12 NAME	BILL GOBAT
STREET ADDRESS	1804 CAROLINA AVE.	13 STREET ADDRESS	4439 VISTA LANE
CITY-ST-ZIP	LYNN HAVEN FL	14 CITY-ST-ZIP	LYNN HAVEN, FL 32444
TITLE	V	21 TITLE	T ☐ Change ☒ Addition
NAME	LEWIS, MARGARET	22 NAME	JIM MURFEE
STREET ADDRESS	328 BUNKERS COVE ROAD	23 STREET ADDRESS	15207 Highway 77
CITY-ST-ZIP	PANAMA CITY FL	24 CITY-ST-ZIP	PANAMA CITY, FL 32409
TITLE	P	31 TITLE	D ☒ Change ☐ Addition
NAME	ALLAN, CURTIS	32 NAME	CURTIS ALLAN
STREET ADDRESS	333 NORTH MACARTHUR AVE.	33 STREET ADDRESS	333 NORTH MACARTHUR AVE.
CITY-ST-ZIP	PANAMA CITY FL	34 CITY-ST-ZIP	PANAMA CITY, FL 32401
TITLE	D	41 TITLE	D ☐ Change ☒ Addition
NAME	MCKISSOCK, GEORGE	42 NAME	JULIE CHESHIRE
STREET ADDRESS	2232 ST. ANDREW BLVD.	43 STREET ADDRESS	463 SUDDUTH AVENUE
CITY-ST-ZIP	PANAMA CITY FL	44 CITY-ST-ZIP	PANAMA CITY, FL 32401
TITLE	T	51 TITLE	D ☐ Change ☒ Addition
NAME	POTTS, CALVIN	52 NAME	KEITH JORDAN
STREET ADDRESS	1439 DOVER RD.	53 STREET ADDRESS	2813 WOODMERE AVENUE
CITY-ST-ZIP	PANAMA CITY FL	54 CITY-ST-ZIP	PANAMA CITY, FL 32405
TITLE		61 TITLE	D ☐ Change ☒ Addition
NAME		62 NAME	NANCY MITCHELL
STREET ADDRESS		63 STREET ADDRESS	1212 COLLEGEWOOD DRIVE
CITY-ST-ZIP		64 CITY-ST-ZIP	LYNN HAVEN, FL 32444

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: [signature] 2-16-95 (904)265-2183
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000871

EXECUTIVE BOARD
ST. ANDREW BAY CENTER FOR RETARDED CITIZENS
1994-95

VIRGINIA W. DAVIS	EXECUTIVE DIRECTOR	1804 Carolina Avenue P. O. Box 1320 Lynn Haven, FL 32444 265-2183
BILL GOBAT	PRESIDENT	4439 Vista Lane Lynn Haven, FL 32444 265-3174
MARGARET LEWIS	VICE-PRESIDENT	328 Bunkers Cove Road Panama City, FL 32401 785-6360
JIM MURFEE	SECRETARY	15207 Highway 77 Panama City, Fl 32409 265-6218
CALVIN POTTS	TREASURER	1439 Dover Road Panama City, FL 32404 871-4366
CURTIS ALLAN	BOARD MEMBER	333 N. MacArthur Ave Panama City, FL 32401 785-8094
JULIE CHESHIRE	BOARD MEMBER	463 Sudduth Avenue Panama City, FL 32401 763-7365
KEITH JORDAN	BOARD MEMBER	2813 Woodmere Drive Panama City, FL 32405 785-1131
GEORGE MCKISSOCK	BOARD MEMBER	2232 St. Andrew Blvd. Panama City, FL 32405 785-4468
NANCY MITCHELL	BOARD MEMBER	1212 Collegewood Dr. Lynn Haven, FL 32444 265-3000
CLARA PHILLIPS	BOARD MEMBER	801 Spikes Road Panama City, FL 32409 265-5232