

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mooreham

Secretary of State

DIVISION OF CORPORATIONS

1996 3-11-96

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8084

C

DOCUMENT # 741668

(8)

1. Corporation Name

ST. ANDREW BAY CENTER, INC.



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

3. Date Incorporated or Qualified
02/20/1978

3a. Date of Last Report
02/23/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-0951529

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

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 P ☐ DELETE
NAME GOBAT, BILL
STREET ADDRESS 4439 VISTA LANE
CITY-ST-ZIP LYNN HAVEN FL

1.1 TITLE V ☐ Change ☒ Addition
1.2 NAME Margaret Lewis
1.3 STREET ADDRESS 328 Bunkers Cove Road
1.4 CITY-ST-ZIP Panama City, FL 32401

TITLE T ☐ DELETE
NAME MURFEE, JIM
STREET ADDRESS 15207 HIGHWAY 77
CITY-ST-ZIP PANAMA CITY FL

2.1 TITLE S ☒ Change ☐ Addition
2.2 NAME Nancy Mitchell
2.3 STREET ADDRESS 1212 Collegewood Dr.
2.4 CITY-ST-ZIP Lynn Haven, FL 32444

TITLE D ☒ DELETE
NAME ALLAN, CURTIS
STREET ADDRESS 333 NORTH MACARTHUR AVE.
CITY-ST-ZIP PANAMA CITY FL

3.1 TITLE T ☐ Change ☒ Addition
3.2 NAME Clara Phillips
3.3 STREET ADDRESS 801 Spikes Road
3.4 CITY-ST-ZIP Panama City, FL 32409

TITLE D ☐ DELETE
NAME CHESHIRE, JULIE
STREET ADDRESS 463 SUDDUTH AVENUE
CITY-ST-ZIP PANAMA CITY FL

4.1 TITLE D ☐ Change ☒ Addition
4.2 NAME Rex Armstrong
4.3 STREET ADDRESS 1244 Collegewood Dr.
4.4 CITY-ST-ZIP Lynn Haven, FL 32444

TITLE D ☒ DELETE
NAME JORDAN, KEITH
STREET ADDRESS 2813 WOODMERE AVENUE
CITY-ST-ZIP PANAMA CITY FL

5.1 TITLE D ☐ Change ☒ Addition
5.2 NAME Debbi Earnest
5.3 STREET ADDRESS 226 East First Court
5.4 CITY-ST-ZIP Panama City, FL 32401

TITLE D ☐ DELETE
NAME MITCHELL, NANCY
STREET ADDRESS 1212 COLLEGEWOOD DRIVE
CITY-ST-ZIP LYNN HAVEN FL

6.1 TITLE D ☐ Change ☒ Addition
6.2 NAME Janice Hall
6.3 STREET ADDRESS 807 Buena Vista Blvd
6.4 CITY-ST-ZIP Panama City, FL 32401

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)(k), 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] President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 6 1996

(904) 265 3174

Date

Daytime Phone #

CR2E037 (12/95)

ST. ANDREW BAY CENTER

United Way Affiliate #66

TELEPHONE (904) 265-2183 • FAX (904) 265-9732
POST OFFICE BOX 1320 • LYNN HAVEN, FLORIDA 32444

Cont. # 13

7.1 Title	D	<u> </u> Change <u>X</u> Addition
7.2 Name	Ricky Horst	
7.3 Street Address	825 Ohio Avenue	
7.4 City-ST-ZIP	Lynn Haven, FL 32444	

8.1 Title	D	<u>X</u> Change <u> </u> Addition
8.2 Name	Jim Murfee	
8.3 Street Address	15139 Highway 77	
8.4 City-ST-ZIP	Panama City, FL 32409	

EXECUTIVE BOARD
ST. ANDREW BAY CENTER FOR RETARDED CITIZENS
1995-96

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
NANCY MITCHELL	SECRETARY	1212 Collegewood Dr. Lynn Haven, FL 32444 265-3000
CLARA PHILLIPS	TREASURER	801 Spikes Road Panama City, FL 32409 265-5232
REX ARMSTRONG	BOARD MEMBER	428 S. Palo Avenue Panama City, FL 32401 763-7369
JULIE CHESHIRE	BOARD MEMBER	463 Sudduth Avenue Panama City, FL 32401 763-7365
DEBBI EARNEST	BOARD MEMBER	226 E. First Court Panama City, FL 32401 769-8024
JANICE (JAY) HALL	BOARD MEMBER	807 Buena Vista Blvd Panama City, FL 32401 785-3866
RICKY HORST	BOARD MEMBER	825 Ohio Avenue Lynn Haven, FL 32444 265-2121 (W)
JIM MURFEE	BOARD MEMBER	15139 Highway 77 Panama City, FL 32409 265-6218