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May 07 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

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 32444-6120



3. Date Incorporated or Qualified
02/20/1978

3a. Date of Last Report
03/11/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

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

1.1 TITLE D
1.2 NAME Gobat, Bill
1.3 STREET ADDRESS 4439 Vista Lane
1.4 CITY-ST-ZIP Lynn Haven, FL 32444

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

2.1 TITLE T
2.2 NAME Murfee, Jim
2.3 STREET ADDRESS 15139 Highway 77
2.4 CITY-ST-ZIP Panama City, FL 32409

TITLE T
NAME PHILLIPS, CLARA
STREET ADDRESS 801 SPIKES ROAD
CITY-ST-ZIP PANAMA CITY FL

3.1 TITLE P
3.2 NAME Horst, Ricky
3.3 STREET ADDRESS 825 Ohio Avenue
3.4 CITY-ST-ZIP Lynn Haven, FL 32444

TITLE D
NAME CHESHIRE, JULIE
STREET ADDRESS 483 SUDDUTH AVENUE
CITY-ST-ZIP PANAMA CITY FL

4.1 TITLE S
4.2 NAME Sherl Morden
4.3 STREET ADDRESS 651 K West 14th Street
4.4 CITY-ST-ZIP Panama City, FL 32401

TITLE D
NAME EARNEST, DEBBI
STREET ADDRESS 228 EAST FIRST COURT
CITY-ST-ZIP PANAMA CITY F

5.1 TITLE VP
5.2 NAME Earnest, Debbi
5.3 STREET ADDRESS 2816 Bartow Avenue
5.4 CITY-ST-ZIP Panama City, FL 32405

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

6.1 TITLE D
6.2 NAME Armstrong, Rex
6.3 STREET ADDRESS 1244 Collegewood Drive
6.4 CITY-ST-ZIP Lynn Haven, FL 32444

14. I do 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.

CR2E037 (9/96)

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 | _____Change | <u>X</u> Addition |
| 7.2 Name | Janice Hall | | |
| 7.3 Street Address | 807 Buena Vista Blvd. | | |
| 7.4 City-ST-ZIP | Panama City, FL 32401 | | |
| 8.1 Title | D | _____Change | <u>X</u> Addition |
| 8.2 Name | Alisa Kinsaul | | |
| 8.3 Street Address | 521 E. 24th Street | | |
| 8.4 City-ST-ZIP | Lynn Haven, FL 32444 | | |
| 9.1 Title | D | _____Change | <u>X</u> Addition |
| 9.2 Name | Lyn Lew | | |
| 9.3 Street Address | 6905 Thomas Drive | | |
| 9.4 City-ST-ZIP | Panama City Beach, FL 32408 | | |