

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 17 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | 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

**1804 CAROLINA AVE.
P.O. BOX 1320
LYNN HAVEN FL 32444**

Mailing Address

**1804 CAROLINA AVE.
P.O. BOX 1320
LYNN HAVEN FL 32444**

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

02/20/1978

4. FEI Number

59-0951529

Applied For

Not Applicable

6. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

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 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

TITLE **D** ☐ DELETE

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

TITLE **T** ☒ DELETE

NAME **MURFEE, JIM**
STREET ADDRESS **15139 HIGHWAY 77**
CITY-ST-ZIP **PANAMA CITY FL**

TITLE **P** ☐ DELETE

NAME **HORST, RICKY**
STREET ADDRESS **825 OHIO AVE**
CITY-ST-ZIP **LYNN HAVEN FL**

TITLE **D** ☒ DELETE

NAME **CHESHIRE, JULIE**
STREET ADDRESS **463 SUDDOUTH AVENUE**
CITY-ST-ZIP **PANAMA CITY FL**

TITLE **VP** ☒ DELETE

NAME **EARNST, DEBBIE**
STREET ADDRESS **2816 BARTOW AVE**
CITY-ST-ZIP **PANAMA CITY FL**

TITLE **D** ☐ DELETE

NAME **ARMSTRONG, REX**
STREET ADDRESS **1244 COLLEGEWOOD DRIVE**
CITY-ST-ZIP **LYNN HAVEN FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME **Powell, David**

2.3 STREET ADDRESS **1302 Ohio Avenue**

2.4 CITY-ST-ZIP **Lynn Haven, FL 32444**

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME **Horst, Ricky**

3.3 STREET ADDRESS **825 Ohio Avenue**

3.4 CITY-ST-ZIP **Lynn Haven, FL 32444**

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME **Fillippi, Rich**

4.3 STREET ADDRESS **810 Florida Avenue**

4.4 CITY-ST-ZIP **Lynn Haven, FL 32444**

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME **Morden, Sherl**

5.3 STREET ADDRESS **651-K West 14th Street**

5.4 CITY-ST-ZIP **Panama City, FL 32401**

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME **Armstrong, Rex**

6.3 STREET ADDRESS **1244 Collegwood Drive**

6.4 CITY-ST-ZIP **Lynn Haven, FL 32444**

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.

SIGNATURE: **x**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ricky A. Horst

April 14, 1998 (850)265-2183

Date

Daytime Phone # 0010117

CP2E037 (1097)