


FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris 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		

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		02/20/1978	
22 City & State		27 City & State		4. FEI Number 59-0951529	
23 Zip		28 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Country		29 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30			

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 of 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	D
NAME	POWELL, DAVID	1.2 NAME	GOBAT, (BILL) CHARLES
STREET ADDRESS	1320 OHIO AVENUE	1.3 STREET ADDRESS	4439 VISTA LANE
CITY-ST-ZIP	LYNN HAVEN, FL 32444	1.4 CITY-ST-ZIP	LYNN HAVEN, FL 32444
TITLE	VP	2.1 TITLE	D
NAME	FILIPPI, RICH	2.2 NAME	HUGHES, CAROLYN
STREET ADDRESS	810 FLORIDA AVENUE	2.3 STREET ADDRESS	3025 FAWN ROAD
CITY-ST-ZIP	LYNN HAVEN, FL 32444	2.4 CITY-ST-ZIP	PANAMA CITY, FL 32409
TITLE	S	3.1 TITLE	D
NAME	DAVIS, HANNAH	3.2 NAME	LEEUEW, LYN D.
STREET ADDRESS	2895 TUPELO DRIVE	3.3 STREET ADDRESS	932 VIEW DRIVE
CITY-ST-ZIP	PANAMA CITY, FL 32405	3.4 CITY-ST-ZIP	ALFORD, FL 32420
TITLE	T	4.1 TITLE	D
NAME	ARMSTRONG, REX	4.2 NAME	HALL (JAY) JANICE
STREET ADDRESS	1244 COLLEGEWOOD DRIVE	4.3 STREET ADDRESS	807 BUENA VISTA BLVD
CITY-ST-ZIP	LYNN HAVEN, FL 32444	4.4 CITY-ST-ZIP	PANAMA CITY, FL 32401
TITLE		5.1 TITLE	D
NAME		5.2 NAME	GAMBLE, SHARON
STREET ADDRESS		5.3 STREET ADDRESS	1022 CLEMSON CIRCLE
CITY-ST-ZIP		5.4 CITY-ST-ZIP	PANAMA CITY, FL 32405
TITLE		6.1 TITLE	D
NAME		6.2 NAME	POTTS, BECKY
STREET ADDRESS		6.3 STREET ADDRESS	12305 COUNTRY CLUB DRIVE
CITY-ST-ZIP		6.4 CITY-ST-ZIP	PANAMA CITY, FL 32404

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, with all other like empowered.

SIGNATURE: C. J. D. P. 3-10-99 850-271-0730
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #