

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741668

FILED
Jan 03, 2012
Secretary of State

Entity Name: ST. ANDREW BAY CENTER, INC.

Current Principal Place of Business:

1804 CAROLINA AVE.
LYNN HAVEN, FL 32444

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1320
LYNN HAVEN, FL 32444

New Mailing Address:

FEI Number: 59-0951529

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOWELL, CATHY M
1804 CAROLINA AVE.
LYNN HAVEN, FL 32444 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: STEWART, DIANE
Address: PO BOX 59950
City-St-Zip: PANAMA CITY, FL 32412

Title: VP
Name: GOBAT, BILL
Address: 2813 WOODMERE DRIVE
City-St-Zip: PANAMA, FL 32401

Title: T
Name: MALLORY, SHERRI
Address: 1008 HARRISON AVE
City-St-Zip: PANAMA CITY, FL 32401

Title: SEC
Name: STANLEY, SALLY
Address: 2300 CORAL DRIVE
City-St-Zip: LYNN HAVEN, FL 32444

Title: BM
Name: TULL, SUSAN
Address: 3246 COUNTRY CLUB DRIV
City-St-Zip: PANAMA CITY, FL 32444

Title: BM
Name: HUNT, DEBORAH
Address: 1022 W 23RD STREET
City-St-Zip: PANAMA CITY, FL 32405

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CATHY HOWELL

MS.

01/03/2012

Electronic Signature of Signing Officer or Director

Date