

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 741668

FILED
Feb 07, 2003
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:

PEARCE, R. JAN
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 () Delete
Name: GOBAT, CHARLES
Address: 4439 VISTA LANE
City-St-Zip: LYNN HAVEN, FL 32444

Title: VD () Delete
Name: STEWART, DIANE
Address: 1022 W. 23RD ST. PO BOX 59950
City-St-Zip: PANAMA CITY, FL 32412

Title: TD () Delete
Name: RUDLOFF, STEVE
Address: 2901 W. 23RD ST.
City-St-Zip: PANAMA CITY, FL 32405

Title: SD () Delete
Name: JONES, NANCY
Address: 845 JENKS AVE
City-St-Zip: PANAMA CITY, FL 32401

Title: D () Delete
Name: ASHBROOK, JOSEPH
Address: 2424 JENKS AVE.
City-St-Zip: PANAMA CITY, FL 32405

Title: D () Delete
Name: HOLLOWAY, J. B.
Address: 3421 N. HWY 77
City-St-Zip: PANAMA CITY, FL 32405

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CHARLES GOBAT

PD

02/07/2003

Electronic Signature of Signing Officer or Director

Date

LAUREN MACLERoy
1517 TENNESSEE AVE.
LYNN HAVEN FL 32444

SHELIA FARIES, DIRECTOR
200 ABERDEEN LOOP
LYNN HAVEN FL 32444

GARY ANDERSON, DIRECTOR
2800 W. 30TH COURT
PANAMA CITY FL 32305

W TREY HALL, DIRECTOR
1601 WILDRIDGE ROAD
LYNN HAVEN FL 32444

ROBERT RADCLIFF, DIRECTOR
902 JOAN LANE
PANAMA CITY FL 32304

RANDALL LEWIS, DIRECTOR
1404 LINCOLN AVE.
PANAMA CITY FL 32406