

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 743105 (9)
1. Corporation Name
THE SAINT ANDREW SOCIETY OF TALLAHASSEE, INC.



Principal Place of Business: 2900 BLAIRSTONE COURT, TALLAHASSEE FL 32301, US
Mailing Address: P.O. BOX 1034, TALLAHASSEE FL 32317, US

3. Date Incorporated or Qualified: 06/02/1978
3a. Date of Last Report: 06/15/1995
4. FEI Number: 59-1874762
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

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 P.O. Box 12034 27 Suite, Apt. #, etc. 28 City & State: 29 Zip: 30 Country:

9. Name and Address of Current Registered Agent
**MONROE, JAMES H
2900 BLAIRSTONE CT.
TALLAHASSEE FL 32301**

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

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	MONROE, JAMES H	
STREET ADDRESS	2900 BLAIRSTONE CT	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOLZAPFEL, JEAN	
STREET ADDRESS	3218 BROOK FOREST DR.	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	MCMILLAN, JAMES	
STREET ADDRESS	909 KENILWORTH AVE	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	OAKLEY, JOYCE	
STREET ADDRESS	2229 OXBOTTOM RD.	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	S	<input type="checkbox"/> DELETE
NAME	WHITTAKER, GLORIA	
STREET ADDRESS	7980 TRAM RD.	
CITY-ST-ZIP	TALLAHASSEE FL 32311	
TITLE	D	<input type="checkbox"/> DELETE
NAME	URQUHART, JAMES	
STREET ADDRESS	4060 MCLAUGHLIN DR.	
CITY-ST-ZIP	TALLAHASSEE FL 32308	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	GAY, ROBERT E.	
3.3 STREET ADDRESS	2886 NOTTINGHAM DR.	
3.4 CITY-ST-ZIP	TALLAHASSEE, FL 32312	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Robert E. Gay 4/30/96 (904) 487-9139
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
ROBERT E. GAY, TREASURER

CR2E037 (12/95)