## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # 743105

(9)

THE SAINT ANDREW SOCIETY OF TALLAHASSEE, INC.

FILED May 13 1997 8:00am Secretary of State



| Principar Plac                                | e of Business                                      | Mailing Address                              |  |                                       |  |              |                  | 1911 41811 1881        |
|---|--|--|--|---------------------------------------|--|--------------|------------------|------------------------|
| 2900 BLAIRSTONE COURT<br>FALLAHASSEE FL 32301 |  | P. O. BOX 12034<br>TALLAHASSEE FL 32317-2034 |  |                                       |  |              |                  |                        |
| \$  |  | US   |  |                                       |  | <u> </u>     |                  |                        |
|   |  |  |  |                                       | 3. Date Incorporated or Qualified 06/02/1978     | 3a. Date (   | o' Last<br>01/19 |                        |
|   |  | 2a. Mailing Address                          | ······································ |                                       | 4. FEI Number<br>59-1874762                      | <del> </del> |                  | Applied For            |
| Cuito Ant                                     | # ala  | Suite, Apt. #, etc.                          |  |                                       | 39 1074702                                       |              |                  | Not Applicable         |
| Suite, Apt                                    | #₁ BIC.  | 27 Suite, Apr. #, etc.                       |  |                                       | 5. Certificate of Status Desired                 |              |                  | Additional<br>Required |
| City & Stat                                   | е  | City & State                                 |  |                                       | 6. Election Campaign Financing                   |              | \$5.00           | May Be                 |
| L   |  | 28   |  |                                       | Trust Fund Contribution                          |              |                  | to Fees                |
| <b>Ζ</b> ιρ<br>1                              | Country  | Zip  | Country                                | /                                     | 6. This corporation has liability for i          |              |                  | s. 199.032,            |
|   | 9. Name and Address of Currer                      | 29 Acent                                     | 30                                     | <del></del>                           | Florida Statutes  10. Name and Address of New Re | Yes X.       |                  |                        |
|   | 5. Harris and Addiess of Coller                    | it trogistored Agent                         | B1                                     | Name                                  | IV. Name and Addigate of Hose No                 | Bistolan URc | 1114             |                        |
| MONDOE  | E, JAMES H   |  |  |                                       |  |              |                  |                        |
|   | AIRSTONE CT.                                       |  | 82                                     | Street Add                            | lress (P.O. Box Number is Not Acceptab           | He)          |                  |                        |
|   | ASSEE FL 32301                                     |  | 63                                     |                                       |  |              |                  |                        |
|   |  |  | 84                                     | City                                  |  |              | 5 Zip            | Code                   |
|   |  |  | ٦                                      | J.i.y                                 |  | FL  °        | "                | , 0000                 |
| SIGNATURE                                     | Signature, typed or printed name of registered agr |  | (NOTE: Registered Ag                   | ent signature requ                    |  | DATE         |                  |                        |
| 2.  | · · · · · · · · · · · · · · · · · · ·              | D DIRECTORS                                  | 13.                                    |                                       | ADDITIONS/CHANGES TO OFFIC                       |              |                  |                        |
| ITLE  | D  | ☐ DELETE                                     |  |                                       |  | Ц            | Change           | Additio                |
| AME   | MONROE, JAMES H                                    |  | 1.2 NAME                               |                                       |  |              |                  |                        |
| TREET ADDRESS<br>ITY+ST-ZIP                   | 2900 BLAIRSTONE CT<br>TALLAHASSEE FL               |  | 1.3 STREE<br>1.4 CITY-                 | ADDRESS                               |  |              |                  |                        |
| ITLE  | D  | DELETE                                       | 21 TITLE                               | 31.71                                 |  |              | Change           | ☐ Additio              |
| IAME  | HOLZAPFEL, JEAN                                    |  | 2.2 NAME                               |                                       |  |              |                  |                        |
| STREET ADDRESS                                | 3218 BROOK FOREST DR.                              |  | 2.3 STREE                              | T ADDRESS                             |  |              |                  |                        |
| (TY-ST-ZIP                                    | TALLAHASSEE FL 32312                               |  | 2.4 CITY -                             | ST-ZIP                                |  |              |                  |                        |
| 111.6   | T  | DELETE                                       | 3.1 TITLE                              |                                       |  |              | Change           | Additio                |
| IAME  | GAY, ROBERT E.                                     |  | 3.2 NAME                               |                                       |  |              |                  |                        |
| TREFT ADDRESS                                 | 3336 NOTTINGHAM DR TALLAHASSEE FL                  |  | 3.3 STREET                             | · · · · · · · · · · · · · · · · · · · |  |              |                  |                        |
| CITY-ST-ZIP<br>TITLE                          | D D  | DELETE                                       | 3.4. CITY-<br>4.1 TITLE                | 51-ZIP                                |  |              | Change           | ☐ Additio              |
| IAME  | OAKLEY, JOYCE                                      | <u> </u>                                     | 4. 2 NAME                              |                                       |  | _            | •                |                        |
| STREET ADDRESS                                | 2229 OXBOTTOM RD.                                  |  | 8                                      | ADDRESS                               |  |              |                  |                        |
| CITY-ST-ZIP                                   | TALLAHASSEE FL 32312                               |  | 4.4 CITY-1                             | ST-ZIP                                |  |              |                  |                        |
| TILE  | S  | ☐ DELETE                                     | 5.1 TITLE                              |                                       |  |              | Change           | Additio                |
| IAME  | WHITTAKER, GLORIA                                  |  | 5.2 NAME                               |                                       |  |              |                  |                        |
| STREET ADDRESS                                | 7980 TRAM RD.                                      |  | 5,3 STREE                              | 1                                     | ·  |              |                  |                        |
| CITY-ST-ZIP                                   | TALLAHASSEE FL 32311                               | DELETE                                       | 5.4 CITY - :                           | ST-ZIP                                |  |              | Change           | Additio                |
| TITLE<br>NAME                                 | URQUHART, JAMES                                    | □ vereit                                     | 6.1 TITLE<br>6.2 NAME                  | 1                                     |  |              | онице            | ELL MOUILLO            |
| nam:<br>Street address                        | 4060 MCLAUGHLIN DR.                                |  |  | T ADDRESS                             |  |              |                  |                        |
| CITY-ST-ZIP                                   | TALLAHASSEE FL                                     |  | 6.4 CITY-5                             |                                       |  |              |                  |                        |
| OLL COLL TIL                                  | i inklaikavvek i k                                 |  | 0.4 (////-)                            | 21 ° 211                              |  |              |                  |                        |

14. I do 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 eath; 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: ROBERTE, GAY IN PHEATIFED YOUNG SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/97

(904) 487-9139