

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

**FILED**

**Apr 23 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 743105 (9)**  
1. Corporation Name  
**THE SAINT ANDREW SOCIETY OF TALLAHASSEE, INC.**

Principal Place of Business <b>2900 BLAIRSTONE COURT TALLAHASSEE FL 32301 US</b>	Mailing Address <b>P. O. BOX 12034 TALLAHASSEE FL 32317 US</b>
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3. Date Incorporated or Qualified  
**06/02/1978**

4. FEI Number <b>59-1874762</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

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	<b>FL</b>
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MONROE, JAMES H</b>	1.2 NAME	<b>P</b>
STREET ADDRESS	<b>2900 BLAIRSTONE CT</b>	1.3 STREET ADDRESS	<b>OAKLEY, JOYCE</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	1.4 CITY-ST-ZIP	<b>5969 OX BOTTOM MANOR DR. TALLAHASSEE, FL. 32312</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HOLZAPFEL, JEAN</b>	2.2 NAME	<b>VP</b>
STREET ADDRESS	<b>3218 BROOK FOREST DR.</b>	2.3 STREET ADDRESS	<b>BERRY, MICHAEL</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL 32312</b>	2.4 CITY-ST-ZIP	<b>3405 TREATY OAK TRAIL TALLAHASSEE, FL 32312</b>
TITLE	<b>T</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GAY, ROBERT E.</b>	3.2 NAME	<b>T</b>
STREET ADDRESS	<b>3336 NOTTINGHAM DR</b>	3.3 STREET ADDRESS	<b>WHITAKER, BLUE</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	3.4 CITY-ST-ZIP	<b>7980 TRAM RD. TALLAHASSEE, FL. 32311</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>OAKLEY, JOYCE</b>	4.2 NAME	<b>S</b>
STREET ADDRESS	<b>2229 OXBOTTOM RD.</b>	4.3 STREET ADDRESS	<b>NANCY SIMPSON</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL 32312</b>	4.4 CITY-ST-ZIP	<b>702 KENILWORTH RD. TALLAHASSEE, FL. 32312</b>
TITLE	<b>S</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WHITTAKER, GLORIA</b>	5.2 NAME	<b>D</b>
STREET ADDRESS	<b>7980 TRAM RD.</b>	5.3 STREET ADDRESS	<b>ATHERTON, FRED</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL 32311</b>	5.4 CITY-ST-ZIP	<b>380 ROB ROY TRAIL TALLAHASSEE, FL 32312</b>
TITLE	<b>P</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>URQUHART, JAMES</b>	6.2 NAME	<b>D</b>
STREET ADDRESS	<b>4060 MCLAUGHLIN DR.</b>	6.3 STREET ADDRESS	<b>KRATT, FRANCES</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	6.4 CITY-ST-ZIP	<b>4905 HEATHE DR. TALLAHASSEE, FL. 32308</b>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Michael L. Berry* Michael L. Berry 3-2-98 413-4406

CR2E037 (10/97)