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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 743105

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 12034
TALLAHASSEE FL 32317
US

484258 - 90190 - 21



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip 30 Country

3. Date Incorporated or Qualified

06/02/1978

4. FEI Number

59-1874762

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

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 James H. Monroe

01 May 1999

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P DELETE
NAME OAKLEY, JOYCE
STREET ADDRESS 5969 OX BOTTOM MANOR DRIVE
CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE VP DELETE
NAME BERRY, MICHAEL
STREET ADDRESS 3405 TREATY OAK TRAIL
CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE T DELETE
NAME WHITAKER, BLUE
STREET ADDRESS 7980 TRAM ROAD
CITY-ST-ZIP TALLAHASSEE FL 32311

TITLE S DELETE
NAME SIMPSON, NANCY
STREET ADDRESS 702 KENILWORTH ROAD
CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE D DELETE
NAME ATHERTON, FRED
STREET ADDRESS 380 ROB ROY TRAIL
CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE D DELETE
NAME KRATT, FRANCES
STREET ADDRESS 4905 HEATHE DRIVE
CITY-ST-ZIP TALLAHASSEE FL 32308

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P Change Addition
1.2 NAME BERRY, Michael
1.3 STREET ADDRESS 3405 Treaty Oak Trail
1.4 CITY-ST-ZIP Tallahassee, FL 32312

2.1 TITLE VP Change Addition
2.2 NAME McMILLAN, Jim
2.3 STREET ADDRESS 5374 Tewksbury Trail
2.4 CITY-ST-ZIP Tallahassee, FL 32312

3.1 TITLE Treasurer Change Addition
3.2 NAME COWGER, H. Eugene
3.3 STREET ADDRESS 1022 Lothian Drive
3.4 CITY-ST-ZIP Tallahassee, FL 32312-2837

4.1 TITLE Secretary Change Addition
4.2 NAME ATHERTON, Fred
4.3 STREET ADDRESS 380 Rob Roy Trail
4.4 CITY-ST-ZIP Tallahassee, FL 32312

5.1 TITLE D Change Addition
5.2 NAME HOLZAPFEL, Jean
5.3 STREET ADDRESS 3218 Brookforest Drive
5.4 CITY-ST-ZIP Tallahassee, FL 32312

6.1 TITLE D Change Addition
6.2 NAME KRATT, Frances
6.3 STREET ADDRESS 4905 Heath Drive
6.4 CITY-ST-ZIP Tallahassee, FL 32308

14. I 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99

850/305-2410

Date

Daytime Phone #

CR2E037 (1/198)