

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

95 MAY - 1 PM 12: 16

DOCUMENT # 746442 (3)

1. Corporation Name
THE SAINT ANDREW SOCIETY OF SARASOTA, INC.

Principal Place of Business P.O. BOX 2592 SARASOTA FL 34230	Mailing Address P.O. BOX 2592 SARASOTA FL 34230
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/26/1979	3a. Date of Last Report 05/01/1994
4. FEI Number 59-1900571	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 169.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip
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9. Name and Address of Current Registered Agent

(mis spelled)
WIEDORN, FRED M.
 194 SUNAIRE TERR
 MOKOMIS FL 34275

WIEDORN.

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Fred M. Wiedorn **FRED M. WIEDORN (TREAS)** April 29, 1995
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	OP <i>NOW PAST PRESIDENT</i> ARNSDORFF, ANNE 435 NORTH SHORE DR OSPREY FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP <i>NOW PRESIDENT</i> MCCONNACHIE, ROBERT 6007 COURTSIDE DR W. BRADENTON FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T <i>D</i> WIEDORN, FRED M. 194 SUNAIRE TERR NOKOMIS FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S HARRIS, PHYLLIS 9200 MIDNIGHT PASS #36 SARASOTA FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PP <i>OFF THE BOARD</i> ROBERTS, ROBERT 343 EDEN DR ENGLEWOOD FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AT <i>OFF THE BOARD.</i> ARBUCKLE, WILLIAM 6694 SCHOONER BAY CIR SARASOTA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP	DIR <i>Change to Past President</i> Same	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP	DIR <i>TO PRESIDENT. D</i> Same	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP	DIR <i>VICE PRESIDENT</i> JOHN A. FELLOWS 15 ST. JOHN BL'VD ENGLEWOOD FL - 34223	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP	ASST. TREASURER <i>Dir</i> DENNIS CRAIG 650 BAYSHORE ENGLEWOOD FL. 34223	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)(b), 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 B17, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Fred M. Wiedorn **FRED M. WIEDORN** 4/29/95 810-985-7488
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date)