

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 # **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

3. Date Incorporated or Qualified: **03/26/1979**
3a. Date of Last Report: **05/01/1995**

21. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-1900571	Applied For <input type="checkbox"/>
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	25. Country	29. Zip	30. Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

WIEDORN, FRED M
194 SUNAIRE TERR
MOKOMIS FL 34275

81 Name: **Dennis CRAIG**
82 Street Address (P.O. Box Number is Not Acceptable): **850 BAYSHORE DR**
83
84 City: **ENGLEWOOD** FL 85 Zip Code: **34223**

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: *Dennis Craig* **Dennis CRAIG** 3-27-96
Signature, typed or printed name of registered agent, and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PPD	NAME: ARNSDORFF, ANNE	1.1 TITLE: VP/D	1.2 NAME: ANTHONY STUART
STREET ADDRESS: 435 NORTH SHORE DR	CITY-ST-ZIP: OSPREY FL	1.3 STREET ADDRESS: 940 S DORAC	1.4 CITY-ST-ZIP: VENICE FL 34293
TITLE: PD	NAME: MCCONNACHIE, ROBERT	2.1 TITLE: D	2.2 NAME: MCCONNACHIE, ROBERT
STREET ADDRESS: 6007 COURTSIDE DR W.	CITY-ST-ZIP: BRADENTON FL	2.3 STREET ADDRESS: 6007 COURTSIDE	2.4 CITY-ST-ZIP: BRADENTON, FL 34210
TITLE: VPD	NAME: FELLOWS, JOHNA	3.1 TITLE: P/D	3.2 NAME: FELLOWS, JOHN A
STREET ADDRESS: 15 ST JOHN BLVD	CITY-ST-ZIP: ENGLEWOOD FL	3.3 STREET ADDRESS: 15 ST JOHN BLVD	3.4 CITY-ST-ZIP: ENGLEWOOD FL 34223
TITLE: S	NAME: HARRIS, PHYLLIS	4.1 TITLE: S/D	4.2 NAME: MURIEL MAXWELL
STREET ADDRESS: 9200 MIDNIGHT PASS #36	CITY-ST-ZIP: SARASOTA FL	4.3 STREET ADDRESS: 1642 LIVINGSTONE ST	4.4 CITY-ST-ZIP: SARASOTA, FL 34231
TITLE: DAT	NAME: CRAIG, DENNIS	5.1 TITLE: T/D	5.2 NAME: CRAIG, DENNIS
STREET ADDRESS: 850 BAYSHORE	CITY-ST-ZIP: ENGLEWOOD FL	5.3 STREET ADDRESS: 850 BAYSHORE DR	5.4 CITY-ST-ZIP: ENGLEWOOD, FL 34223
TITLE: 	NAME: 	6.1 TITLE: 	6.2 NAME:
STREET ADDRESS: 	CITY-ST-ZIP: 	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: *Dennis Craig* **Dennis CRAIG** 3-27-96 941-473-1370
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (12/95)