

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90113 030 ****61.25

DOCUMENT # 746442

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



Principal Place of Business Mailing Address

P.O. BOX 2592 P.O. BOX 2592
 SARASOTA FL 34230 SARASOTA FL 34230



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State City & State

4. FEI Number Applied For

59-1900571 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DAVID, CAROLINE M
1441 56TH ST WEST
BRADENTON FL 34209

7. Name and Address of New Registered Agent

Name: **TAYLOR WALDA L.**

Street Address (P.O. Box Number is Not Acceptable):
5742 SANDY POINTE DR.

City: **SARASOTA**

State: **FL** Zip Code: **34233**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25
Due By: May 1, 2006

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	MARTIN, JAMES N	
STREET ADDRESS	4532 DEER TRAIL BLVD	
CITY-ST-ZIP	SARASOTA FL 34238	
TITLE	S	<input type="checkbox"/> Delete
NAME	TAYLOR, WALDA	
STREET ADDRESS	5742 SANDY POINTE DR	
CITY-ST-ZIP	SARASOTA FL 34233	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MONTGOMERY, BARBARA	
STREET ADDRESS	3645 GLEN OAKS MANOR DR	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	DAVID, CAROLINE M	
STREET ADDRESS	5650 CORTINA LANE	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	T	<input type="checkbox"/> Delete
NAME	CRAIG, CHARLES	
STREET ADDRESS	6160 CANDLEWOOD WAY	
CITY-ST-ZIP	SARASOTA FL 34243	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	BARTZ, BARBRA A	
STREET ADDRESS	1242 BERKSHIRE CIRCLE	
CITY-ST-ZIP	VENICE FL 34292	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOWARD HANSON	
STREET ADDRESS	5061 MARSHFIELD RD	
CITY-ST-ZIP	SARASOTA, FL 34235	
TITLE	VP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STUART ANTHONY	
STREET ADDRESS	940 S. DORAL LANE	
CITY-ST-ZIP	VENICE, FL 34293	
TITLE	S	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAMS, KINDAGUE	
STREET ADDRESS	6519 WINDJAMMER PLACE	
CITY-ST-ZIP	BRADENTON, FL 34202	
TITLE	T	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KEMP, RONALD	
STREET ADDRESS	4312 PRO AM AVE EAST	
CITY-ST-ZIP	BRADENTON, FL 34203	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Walda L. Taylor April 4, 2006 (941) 925-1587