

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746442

FILED
Jul 02, 2009
Secretary of State

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

Current Principal Place of Business:

4532 DEER TRAIL BLVD.
SARASOTA, FL 34238

New Principal Place of Business:

534 LUMINARY BLVD.
OSPREY, FL 34229

Current Mailing Address:

P.O. BOX 2592
SARASOTA, FL 34230

New Mailing Address:

FEI Number: 59-1900571 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CAROLINE, DAVID M
5650 CORTINA LANE
PALMETTO, FL 34221 US

Name and Address of New Registered Agent:

MACMILLAN, DAVID B MD
534 LUMINARY BLVD.
OSPREY, FL 34229 US

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.

SIGNATURE: DAVID B MACMILLAN, MD

07/02/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: MARTIN, JAMES
Address: 4532 DEER TRAIL BLVD.
City-St-Zip: SARASOTA, FL 34238

Title: S () Delete
Name: ROACH, SHARON
Address: 816 PINEAPPLE AVE
City-St-Zip: NOKOMIS, FL 34275

Title: T () Delete
Name: DAVID, CAROLINE
Address: 5650 CORTINA LANE
City-St-Zip: PALMETTO, FL 34221

Title: TR () Delete
Name: KEMP, RONALD
Address: 4312 PRO AM AVE E
City-St-Zip: BRADENTON, FL 34203

Title: TR () Delete
Name: CRAIG, CHARLES
Address: 6160 CANDLEWOOD WAY
City-St-Zip: SARASOTA, FL 34243

Title: P () Delete
Name: STUART, ANTHONY
Address: 940 S DORAL LN
City-St-Zip: VENICE, FL 34293

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MACMILLAN, DAVID B MD
Address: 534 LUMINARY BLVD.
City-St-Zip: OSPREY, FL 34229

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TR (X) Change () Addition
Name: DAVID, CAROLINE
Address: 5650 CORTINA LANE
City-St-Zip: PALMETTO, FL 34221

Title: T (X) Change () Addition
Name: KEMP, DIANE
Address: 4312 PRO AM AVE E
City-St-Zip: BRADENTON, FL 34203

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: CRAIG, DENNIS
Address: PO BOX 941
City-St-Zip: PLACIDA, FL 33946

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID B. MACMILLAN, MD

P

07/02/2009

Electronic Signature of Signing Officer or Director

Date