

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746442

FILED
Feb 15, 2010
Secretary of State

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

Current Principal Place of Business:

534 LUMINARY BLVD.
OSPREY, FL 34229

New Principal Place of Business:

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)**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: MACMILLAN, DAVID B MD
Address: 534 LUMINARY BLVD.
City-St-Zip: OSPREY, FL 34229

Title: VP
Name: CRAIG, DENNIS
Address: PO BOX 941
City-St-Zip: PLACIDA, FL 33946

Title: TREA
Name: KEMP, DIANE
Address: 4312 PRO AM AVE. EAST
City-St-Zip: BRADENTON, FL 34203

Title: TRUS
Name: HAHN, DANE
Address: 500 BOXWOOD LANE
City-St-Zip: ENGLEWOOD, FL 34223

Title: TRUS
Name: CRAIG, CHARLES
Address: 6160 CANDLEWOOD WAY
City-St-Zip: SARASOTA, FL 34243

Title: TRUS
Name: PIERCE, JOSEPH
Address: 601 SHARON CIRCLE
City-St-Zip: PORT CHARLOTTE, FL 33952

I hereby 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 all other like empowered.

SIGNATURE: DAVID B MACMILLAN, MD

PRES

02/15/2010

Electronic Signature of Signing Officer or Director

Date