

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746442

FILED
Feb 13, 2012
Secretary of State

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

Current Principal Place of Business:

14746 INGRAHAM BLVD.
PORT CHARLOTTE, FL 33981

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:

CRAIG, DENNIS
14746 INGRAHAM BLVD.
PORT CHARLOTTE, FL 33981 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: CRAIG, DENNIS
Address: 14746 INGRAHAM BLVD.
City-St-Zip: PORT CHARLOTTE, FL 33981

Title: VP
Name: SZOBOSCAN, SHIRLEY
Address: 1614 TERRA CEIA BAY BLVD.
City-St-Zip: PALMETTO, FL 34221

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

Title: SEC.
Name: HAHN, SANDRA
Address: 500 BOXWOOD LANE
City-St-Zip: ENGLEWOOD, FL 34223

Title: TRUS
Name: MITCHELL, BERT
Address: 5186 CORE DU RHONE WAY
City-St-Zip: SARASOTA, FL 34238

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 MACMILLAN, MD

PP

02/13/2012

Electronic Signature of Signing Officer or Director

Date