


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 11, 2005 8:00 am
Secretary of State

01-11-2005 90010 040 ****61.25

DOCUMENT # 760501 1. Entity Name THE ST. ANDREW'S SOCIETY OF WINTER PARK, INC.	
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Principal Place of Business 218 W. ORLANDO ST ORLANDO, FL 32804 US	Mailing Address 218 W. ORLANDO ST ORLANDO, FL 32804 US
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50001352



01032005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2200517	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SEATER, THOMAS E 218 W. ORLANDO ST ORLANDO, FL 32804

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$61.25
Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BROWN, DAVID 1102 KOGER SHORES DRIVE ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPB PD MARSHALL, RICK 14511 HERTHA AVE ORLANDO, FL 328263
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SEATER, THOMAS 218 W. ORLANDO ST ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SEATER, THOMAS 218 W. ORLANDO ST ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Thomas E. Seater, Treasurer*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-3-05 *407-422-5641*
Date Daytime Phone #