

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2008 8:00 am**  
**Secretary of State**

04-02-2008 90031 015 \*\*\*\*61.25

<b>DOCUMENT # 760501</b> 1. Entity Name <b>THE ST. ANDREWS SOCIETY OF WINTER PARK, INC.</b>					
Principal Place of Business <b>218 W. ORLANDO ST ORLANDO, FL 32804 US</b>			Mailing Address <b>218 W. ORLANDO ST ORLANDO, FL 32804 US</b>		
2. Principal Place of Business - No P.O. Box # <b>480 Timber Ridge DR</b> Suite, Apt. #, etc.		3. Mailing Address <b>480 Timber Ridge Dr</b> Suite, Apt. #, etc.			
City & State <b>Orlando, FL</b> Zip <b>32779</b>		City & State <b>Orlando, FL</b> Zip <b>32779</b>		03302008 Chg-NP CR2E037 (12/06)	
4. FEI Number <b>59-2200517</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>SEATER, THOMAS E 218 W. ORLANDO ST ORLANDO, FL 32804</b>			7. Name and Address of New Registered Agent Name <b>Charles R. McGrew</b> Street Address (P.O. Box Number is Not Acceptable) <b>480 Timber Ridge DR</b> City <b>Orlando</b> FL Zip Code <b>32779</b>		
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 <i>Thomas E. Seater</i> <b>THOMAS E. SEATER</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <b>3-31-07</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MCGREW, CHARLES R 480 TIMBER RIDGE DR LONGWOOD, FL 32779	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD ROSS, ELVA 1906 SUMMERFIELD RD WINTER PARK, FL 32792	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD SEATER, THOMAS 218 W. ORLANDO ST ORLANDO, FL 32804	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD GOUGE, TIM 214 LAZ PAZ DR. KISSIMMEE, FL 34743	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	   	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	   	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Thomas E. Seater</i> <b>THOMAS E. SEATER</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <b>3-31-08</b> DAYTIME PHONE # <b>407 422-5641</b>		