

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Normam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR 10 PM 7:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **763469** (4)

1. Corporation Name
SAINT ANDREWS' SOCIETY OF OKALOOSA COUNTY, INCORPORATED

Principal Place of Business Mailing Address
203 PRISCILLA DR. FT. WALTON FL 325494561 **P. O. BOX 4561 FT WALTON BCH. FL 32549 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/27/1982	3a. Date of Last Report 05/01/1994
4. FEI Number 59-2981544	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent
**ROBERT, ROY
18 RUE DELE ROI
FT. WALTON BCH. FL 325487**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	TD
NAME	GORDON, MARIE
STREET ADDRESS	9 RUE DE LE ROI
CITY-ST-ZIP	FT WALTON BCH. FL 32547
TITLE	D
NAME	ROY, ROBERT
STREET ADDRESS	18 RUE DE LE ROI
CITY-ST-ZIP	FT. WALTON BCH. FL
TITLE	PD
NAME	FAGAN, WILLIAM
STREET ADDRESS	203 PRISCILLA DR
CITY-ST-ZIP	FT WALTON BCH FL
TITLE	D
NAME	YOUNG, ROBERT, III
STREET ADDRESS	69 LAURIE DR.
CITY-ST-ZIP	FT. WALTON BCH. FL
TITLE	D
NAME	STEWART, CHARLES
STREET ADDRESS	65 POQUITO RD.
CITY-ST-ZIP	SHALIMAR FL
TITLE	SD
NAME	ROBERTSON, JEAN
STREET ADDRESS	4 IDLEWILD CIRCLE
CITY-ST-ZIP	FT WALTON BCH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	D CHRISTIE, MARY
1.3 STREET ADDRESS	353 OAKLAND CIRCLE
1.4 CITY-ST-ZIP	FT WALTON BCH, FL 32548
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	VD LAUER, Dennis
5.3 STREET ADDRESS	7 Magnolia Ave
5.4 CITY-ST-ZIP	SHALIMAR, FL 32579
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	SD MATHESON, Leslie
6.3 STREET ADDRESS	1 Caswell Circle
6.4 CITY-ST-ZIP	MARY ESTHER, FL 32569

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *William M. Fagan* **WILLIAM M. FAGAN** Feb 10, 1995 (904) 862-3705