

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 763469 (4)
1. Corporation Name
SAINT ANDREWS' SOCIETY OF OKALOOSA COUNTY, INCORPORATED



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

3. Date Incorporated or Qualified: **05/27/1982**
3a. Date of Last Report: **03/10/1995**
4. FEI Number: **59-2981544**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

9. Name and Address of Current Registered Agent
**ROBERT, ROY
18 RUE DELE ROI
FT. WALTON BCH. FL 32548**

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	CHRISTIE, MARY
STREET ADDRESS	353 OAKLAND CIRCLE
CITY-ST-ZIP	FT WALTON BCH. FL
TITLE	D <input type="checkbox"/> DELETE
NAME	ROY, ROBERT
STREET ADDRESS	18 RUE DE LE ROI
CITY-ST-ZIP	FT. WALTON BCH. FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	FAGAN, WILLIAM
STREET ADDRESS	203 PRISCILLA DR
CITY-ST-ZIP	FT WALTON BCH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	YOUNG, ROBERT, III
STREET ADDRESS	69 LAURIE DR.
CITY-ST-ZIP	FT. WALTON BCH. FL
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	LAUER, DENNIS
STREET ADDRESS	7 MAGNOLIA AV.
CITY-ST-ZIP	SHILMAR FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	MATHESON, LESLIE
STREET ADDRESS	1 CASWELL CIRCLE
CITY-ST-ZIP	MARY ESTHER FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	D <input checked="" 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 type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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)(k), 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 of this form or on an attachment with an address.

SIGNATURE: Leslie P. Matheson **30 April '96** (904) 43-2879
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)