

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROBERT, ROY
18 RUE DELE ROI
FT. WALTON BCH. FL 32548**

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

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **CHRISTIE, MARY**
STREET ADDRESS **353 OAKLAND CIRCLE**
CITY-ST-ZIP **FT WALTON BCH. FL**

1.1 TITLE **SD** ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **ROY, ROBERT**
STREET ADDRESS **18 RUE DE LE ROI**
CITY-ST-ZIP **FT. WALTON BCH. FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **PD** ☐ DELETE
NAME **FAGAN, WILLIAM**
STREET ADDRESS **203 PRISCILLA DR**
CITY-ST-ZIP **FT WALTON BCH FL**

3.1 TITLE **D** ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **YOUNG, ROBERT, III**
STREET ADDRESS **69 LAURIE DR.**
CITY-ST-ZIP **FT. WALTON BCH. FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **VD** ☒ DELETE
NAME **LAUER, DENNIS**
STREET ADDRESS **7 MAGNOLIA AV.**
CITY-ST-ZIP **SHILMAR FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **SD** ☐ DELETE
NAME **MATHESON, LESLIE**
STREET ADDRESS **1 CASWELL CIRCLE**
CITY-ST-ZIP **MARY ESTHER FL**

6.1 TITLE **PD** ☒ Change ☐ 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 the report or on an attachment with an address.

SIGNATURE:

Leslie P. Matheson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Leslie P. Matheson

30 April '96 (904) 43-2879

Date

Daytime Phone #

CR2E037 (12/95)