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May 01 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

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 32549-4561

P. O. BOX 4561
FT WALTON BCH. FL 32549-4561
US

3. Date Incorporated or Qualified
05/27/1982

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-2981544

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

23 City & State

27 City & State

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

24 Zip

25 Country

28 Zip

30 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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 JOHN R YANORA

82 Street Address (P.O. Box Number is Not Acceptable)
943-D ASHLEY DRIVE

83

84 City FT. WALTON BCH FL 85 Zip Code 32547

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 a duly qualified, resident of Florida Statutes.

SIGNATURE: [Signature]

(NOTE: Registered Agent signature required when reinstating)

DATE: APR 1, 1997

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	SD	<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	D	<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	PD	<input type="checkbox"/> DELETE
NAME	MATHESON, LESLIE	
STREET ADDRESS	1 CASWELL CIRCLE	
CITY-ST-ZIP	MARY ESTHER FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	CHRISTIE, MARY (SD)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	353 OAKLAND CIR	
1.3 STREET ADDRESS	FT. WALTON BCH, FL	
1.4 CITY-ST-ZIP		
2.1 TITLE	(D) LES MATHESON	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	1 CASWELL CIR	
2.3 STREET ADDRESS	MARY ESTHER FL	
2.4 CITY-ST-ZIP		
3.1 TITLE	(PD) JOHN R YANORA	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	943-D ASHLEY LN	
3.3 STREET ADDRESS	FT WALTON BCH FL	
3.4 CITY-ST-ZIP		
4.1 TITLE	(D) GREG PETERS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	PO BOX 4991	
4.3 STREET ADDRESS	FT WALTON BCH FL	
4.4 CITY-ST-ZIP		
5.1 TITLE	WAUNITA JACKSON (TO)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	6 WALNUT AV	
5.3 STREET ADDRESS	SHALIMAR FL.	
5.4 CITY-ST-ZIP		
6.1 TITLE		<input 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: [Signature] JOHN R. YANORA APR 1, 1997

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0074099

CR2E037 (9/96)