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FILED

May 01 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

203 PRISCILLA DR.
FT. WALTON FL 32549-4561

Mailing Address

P. O. BOX 4561
FT WALTON BCH. FL 32549-4561
US3. Date Incorporated or Qualified
05/27/19823a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

28 Zip

30 Country

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 Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐

Yes

☐

No

9. Name and Address of Current Registered Agent

ROBERT, ROY
18 RUE DE LE ROI
FT. WALTON BCH. FL 32548

10. Name and Address of New Registered Agent

81 Name JOHN R YANORA

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

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 agree to represent, the corporation in Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

APR 1, 1997

12. OFFICERS AND DIRECTORS

TITLE SD
NAME CHRISTIE, MARY
STREET ADDRESS 353 OAKLAND CIRCLE
CITY-ST-ZIP FT WALTON BCH. FL☐ DELETETITLE D
NAME ROY, ROBERT
STREET ADDRESS 18 RUE DE LE ROI
CITY-ST-ZIP FT. WALTON BCH. FL☐ DELETETITLE D
NAME FAGAN, WILLIAM
STREET ADDRESS 203 PRISCILLA DR
CITY-ST-ZIP FT WALTON BCH FL☐ DELETETITLE D
NAME YOUNG, ROBERT, III
STREET ADDRESS 69 LAURIE DR.
CITY-ST-ZIP FT. WALTON BCH. FL☐ DELETETITLE PD
NAME MATHESON, LESLIE
STREET ADDRESS 1 CASWELL CIRCLE
CITY-ST-ZIP MARY ESTHER FL☐ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CHRISTIE, MARY (SD)
1.2 NAME 353 OAKLAND CIR
1.3 STREET ADDRESS FT. WALTON BCH, FL
1.4 CITY-ST-ZIP☐ Change☐ Addition2.1 TITLE (D) LES MATHESON
2.2 NAME 1 CASWELL CIR
2.3 STREET ADDRESS MARY ESTHER FL
2.4 CITY-ST-ZIP☐ Change☐ Addition3.1 TITLE (PD) JOHN R YANORA
3.2 NAME 943-D ASHLEY LN
3.3 STREET ADDRESS FT WALTON BCH FL
3.4 CITY-ST-ZIP☐ Change☐ Addition4.1 TITLE (D) GREG PETERS
4.2 NAME PO BOX 4991
4.3 STREET ADDRESS FT WALTON BCH FL
4.4 CITY-ST-ZIP☐ Change☐ Addition5.1 TITLE WAUNITA JACKSON (TO)
5.2 NAME 6 WALNUT AV
5.3 STREET ADDRESS SHALIMAR FL.
5.4 CITY-ST-ZIP☐ Change☐ Addition6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP☐ Change☐ Addition

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:

JOHN R. YANORA APR 1, 1997

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0074099

CR2E037 (9/96)