

FILE NOW: FILING FEE IS \$61.25

FILED  
Aug 26 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

Mailing Address

203 PRISCILLA DR.  
FT. WALTON FL 32549-4561

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

3. Date Incorporated or Qualified

05/27/1982

4. FEI Number

59-2981544

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

Yes No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

YANORA, JOHN R.  
943-0 ASHLEY LANE  
FT. WALTON BEACH FL 32547

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 of 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 *John R. Yanora*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

8-21-98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE SD  
NAME CHRISTIE, MARY  
STREET ADDRESS 953 OAKLAND CIRCLE  
CITY-ST-ZIP FT WALTON BCH. FL

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

TITLE D  
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 PD  
NAME MATHESON, LESLIE  
STREET ADDRESS 1 CASWELL CIRCLE  
CITY-ST-ZIP MARY ESTHER FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

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

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

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

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

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

Change Addition

Change Addition  
P. PETERS, GREG  
519 FLEETWOOD DR  
MARY ESTHER, FL

Change Addition  
D - BOYD, HARRY  
712 OVERBROOK DR  
FT. WALTON BCH, FL 32547

Change Addition  
D YANORA JOHN R  
943-0 ASHLEY LN  
FT. WALTON BCH, FL 32547

Change Addition

Change Addition

14. I 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:

8-21-98

(850)  
864-5258

CR2E037 (10/97)