

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Aug 26 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 763469 (4)**  
1. Corporation Name  
**SAINT ANDREWS' SOCIETY OF OKALOOSA COUNTY, INCORPORATED**

Principal Place of Business <b>203 PRISCILLA DR. FT. WALTON FL 32549-4561</b>	Mailing Address <b>P. O. BOX 4561 FT WALTON BCH. FL 32549 US</b>
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3. Date Incorporated or Qualified <b>05/27/1982</b>	
4. FEI Number <b>59-2981544</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**9. Name and Address of Current Registered Agent**  
**YANORA, JOHN R.  
943-0 ASHLEY LANE  
FT. WALTON BEACH FL 32547**

**10. Name and Address of New Registered Agent**

<b>81</b> Name	<b>85</b> Zip Code
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>83</b>	
<b>84</b> City	<b>FL</b>

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* (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	<b>SD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHRISTIE, MARY</b>	1.2 NAME	
STREET ADDRESS	<b>953 OAKLAND CIRCLE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT WALTON BCH. FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROY, ROBERT</b>	2.2 NAME	<b>PO PETERS, GREG</b>
STREET ADDRESS	<b>18 RUE DE LE ROI</b>	2.3 STREET ADDRESS	<b>519 FLEETWOOD DR</b>
CITY-ST-ZIP	<b>FT. WALTON BCH. FL</b>	2.4 CITY-ST-ZIP	<b>MARY ESTHER, FL</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FAGAN, WILLIAM</b>	3.2 NAME	<b>D - BOYD, HARRY</b>
STREET ADDRESS	<b>203 PRISCILLA DR</b>	3.3 STREET ADDRESS	<b>712 OVERBROOK DR</b>
CITY-ST-ZIP	<b>FT WALTON BCH FL</b>	3.4 CITY-ST-ZIP	<b>FT. WALTON BCH, FL 32547</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>YOUNG, ROBERT, III</b>	4.2 NAME	<b>D YANORA JOHN R</b>
STREET ADDRESS	<b>69 LAURIE DR.</b>	4.3 STREET ADDRESS	<b>943-0 ASHLEY LN</b>
CITY-ST-ZIP	<b>FT. WALTON BCH. FL</b>	4.4 CITY-ST-ZIP	<b>FT. WALTON BCH, FL 32547</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MATHESON, LESLIE</b>	5.2 NAME	
STREET ADDRESS	<b>1 CASWELL CIRCLE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MARY ESTHER FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: *John R. Yanora* DATE: **8-21-98** (850) **864-5258**

CFR2E037 (10/97)