

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Sep 10, 1999 8:00 am
Secretary of State
 09-10-1999 90008 050 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999
 FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS



DOCUMENT # 763469
 Corporation Name
 SAINT ANDREWS' SOCIETY OF OKALOOSA COUNTY, INCORPORATED

Principal Place of Business
 8 PRISCILLA DR.
 WALTON FL 32549-4561
 Mailing Address
 P. O. BOX 4561
 FT WALTON BCH. FL 32549
 US

614201-90008-50



Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
Suite, Apt. #, etc.	Suite, Apt. #, etc.	05/27/1982
City & State	City & State	4. FEI Number
Zip	Country	59-2981544
25	29	Applied For
		Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>
		\$8.75 Additional Fee Required
		6. Election Campaign Financing <input type="checkbox"/>
		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
YANORA, JOHN R. 943-D ASHLEY LANE FT. WALTON BEACH FL 32547		81 Name	85 Zip Code
		82 Street Address (P.O. Box Number is Not Acceptable)	FL
		83	
		84 City	

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
ST-ADDRESS ST-ZIP	SD CHRISTIE, MARY 353 OAKLAND CIRCLE FT WALTON BCH. FL <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ADDRESS ST-ZIP	PD PETERS, GREG 519 FLEETWOOD DR MARY ESTHER FL <input type="checkbox"/> DELETE	1.2 NAME	
ST-ADDRESS ST-ZIP	D BOYD, HARRY 712 OVERBROOK DR FT WALTON BCH FL 32547 <input type="checkbox"/> DELETE	1.3 STREET ADDRESS	
ST-ADDRESS ST-ZIP	D YANORA, JOHN R 943-D ASHLEY LN FT. WALTON BCH. FL 32547 <input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	
ST-ADDRESS ST-ZIP	PD MATHESON, LESLIE 1 CASWELL CIRCLE MARY ESTHER FL <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ADDRESS ST-ZIP	<input type="checkbox"/> DELETE	2.2 NAME	
ST-ADDRESS ST-ZIP		2.3 STREET ADDRESS	
ST-ADDRESS ST-ZIP		2.4 CITY-ST-ZIP	
ST-ADDRESS ST-ZIP		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ADDRESS ST-ZIP		3.2 NAME	
ST-ADDRESS ST-ZIP		3.3 STREET ADDRESS	
ST-ADDRESS ST-ZIP		3.4 CITY-ST-ZIP	
ST-ADDRESS ST-ZIP		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ADDRESS ST-ZIP		4.2 NAME	
ST-ADDRESS ST-ZIP		4.3 STREET ADDRESS	
ST-ADDRESS ST-ZIP		4.4 CITY-ST-ZIP	
ST-ADDRESS ST-ZIP		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ADDRESS ST-ZIP		5.2 NAME	
ST-ADDRESS ST-ZIP		5.3 STREET ADDRESS	
ST-ADDRESS ST-ZIP		5.4 CITY-ST-ZIP	
ST-ADDRESS ST-ZIP		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ADDRESS ST-ZIP		6.2 NAME	
ST-ADDRESS ST-ZIP		6.3 STREET ADDRESS	
ST-ADDRESS ST-ZIP		6.4 CITY-ST-ZIP	

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 with all other like empowered.

SIGNATURE: _____ SIGNATURE OF REGISTERED AGENT
 9-1-99 850-581-6179
 Date Daytime Phone #

CR2E037 (5/99)