

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000001241

FILED
Mar 03, 2006
Secretary of State

Entity Name: SOCIETY OF ST. ANDREWS, INC.

Current Principal Place of Business:

406 E. AMELIA ST.
ORLANDO, FL 32803 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 536842
ORLANDO, FL 328536842 US

New Mailing Address:

FEI Number: 54-1285793

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEAD, RICHARD R
1644 HIBISCUS AVE.
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

SAYLES, BARBARA S
4111 RANEY ROAD
TITUSVILLE, FL 32780 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: BARBARA S SAYLES

03/03/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VC () Delete
Name: TONGUE, JAMES
Address: 301 FOURTH AVE
City-St-Zip: FARMVILLE, VA 23451 US

Title: ED () Delete
Name: HORNE JR, REV. KENNETH C
Address: 3362 WHEATS VALLEY RD.
City-St-Zip: BEDFORD, VA 24523

Title: DO () Delete
Name: WALDMANN, STEVEN M
Address: 1993 TURKEY FOOT RD
City-St-Zip: FORREST, VA 24551

Title: C () Delete
Name: FARMER, CATHY
Address: 24 CORPORATE BLVD
City-St-Zip: JACKSON, TN 38305

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVEN M WALDMANN

DO

03/03/2006

Electronic Signature of Signing Officer or Director

Date