


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2005 8:00 am
Secretary of State


04-20-2005 90343 038 ****61.25

DOCUMENT # N00000005566	
1. Entity Name SAINT ANDREW'S BY-THE-SEA ANGLICAN CHURCH, INC.	

Principal Place of Business 151 REGIONAL WAY SUITE 1A DESTIN FL 32541	Mailing Address 151 REGIONAL WAY SUITE 1A DESTIN FL 32541
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2. Principal Place of Business 250 INDIAN BAYOU TRAIL Suite, Apt. #, etc. Destin FL	3. Mailing Address PO Drawer 5889 Suite, Apt. #, etc. Destin FL
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City & State 32541	City & State 32540-5889
Zip	Country USA

	
4. FEI Number 59-3665027	Applied For <input type="checkbox"/> Not Applicable

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HAYSLIP, JOHN 151 REGIONS WAY STE 1 DESTIN FL 32541 <i>PO DRAWER 5889 DESTIN FL 32540-5889</i>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VAN BUREN, CONRAD 1382 RUCKEL DR NICEVILLE FL 32578 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MIXTER, NANCY 28 POPLAR AVE SHALIMAR FL 32579 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HAYSLIP, JOHN 3891 MESA RD DESTIN FL 32541 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEYER, RAY 820 WOODLAND BAYOU DR SANTA ROSA BEACH FL 32459 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>D ANTHONY Calfee 4408 WINDRUSH DR. Niceville, FL 32578</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATERFIELD, KAREN 4397 OLD BAYOU TRAIL DESTIN FL 32541 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>D Kenneth Fraser 70 DEISCOLL DR. Santa Rosa Bch, FL 32459</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHULTZ, FRED 414 EVERGREEN DRIVE DESTIN 32541 DESTIN FL 32541 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>D Patricia Whitefaw 847 NLAKESIDE DR. Destin, FL 32541</i>

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *John S. Hayslip* John S. Hayslip Treasurer *2/23/05* (850) 654-5577
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #