

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90017 045 ****61.25

DOCUMENT # N01000006150

1. Entity Name

THE ST. ANDREW'S CHURCH FOUNDATION, INC.



Principal Place of Business

ONE INDEPENDENT DRIVE
SUITE 2301
JACKSONVILLE FL 32202

Mailing Address

ONE INDEPENDENT DRIVE
SUITE 2301
JACKSONVILLE FL 32202



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-3746136

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOLBROOK COLD, KATHLEEN
ONE INDEPENDENT DRIVE
SUITE 2301
JACKSONVILLE FL 32202

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE:

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	OWENS, OTIS	
STREET ADDRESS	14016 IVYGALE DR N	
CITY- ST- ZIP	JACKSONVILLE FL 32225	
TITLE	D	<input type="checkbox"/> Delete
NAME	FISHER, JOHN	
STREET ADDRESS	1104 CARLOTTA RD W	
CITY- ST- ZIP	JACKSONVILLE FL 32211	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MOORE, TEDDY	
STREET ADDRESS	3746 BUCKSKIN TRAIL E	
CITY- ST- ZIP	JACKSONVILLE FL 32277	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BORG, RODY	
STREET ADDRESS	3692 CROSSWATER BLVD	
CITY- ST- ZIP	JACKSONVILLE FL 32224	
TITLE	PTD	<input checked="" type="checkbox"/> Delete
NAME	MORRISON, RICHARD M	
STREET ADDRESS	3904 TIMUCUA TRAIL	
CITY- ST- ZIP	JACKSONVILLE FL 32277	
TITLE	D	<input type="checkbox"/> Delete
NAME	MILTON, JOHN M JR	
STREET ADDRESS	4535 MEDWAY HALL PLACE	
CITY- ST- ZIP	JACKSONVILLE FL 32225	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P/D
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D SULLIVAN, PAUL
STREET ADDRESS	4934 WILD HERON WAY
CITY- ST- ZIP	JACKSONVILLE, FL 32225
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	S/D STEFANSEN, PAMELA
STREET ADDRESS	4133 OLD MILL COVE TRAIL EAST
CITY- ST- ZIP	JACKSONVILLE, FL 32277
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	T/D DULANEY, ELLIOTT D.
STREET ADDRESS	4952 MAYBANK WAY
CITY- ST- ZIP	JACKSONVILLE, FL 32225
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V/D
STREET ADDRESS	
CITY- ST- ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Elliott D. Dulaney TREASURER 4/2/07 904-641-7394
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR