

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90172 012 ****61.25

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03312007 Chg-NP CR2E037 (12/06)

DOCUMENT # N03000003542					
1. Entity Name ST. ANDREW'S EPISCOPAL CHURCH FOUNDATION, INC.					
Principal Place of Business 1608 BAKER CT. PANAMA CITY, FL 32401			Mailing Address 1608 BAKER CT. PANAMA CITY, FL 32401		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 56-2350462	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RICHARDS, EDWARD T 1608 BAKER CT. PANAMA CITY, FL 32401			7. Name and Address of New Registered Agent Name <u>RUTH W. McCLAIN</u> Street Address (P.O. Box Number is Not Acceptable) <u>923 W. Caroline Blvd</u> City <u>Panama City</u> FL Zip Code <u>32401</u>		
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 <u>Ruth W. McClain</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<u>RUTH W. McCLAIN, Director</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		<u>4-20-07</u> <small>DATE</small>	
Filing Fee is \$61.25 Due by May 1, 2007		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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P/D NAME STANLEY, DUANE STREET ADDRESS 1608 BAKER COURT CITY-ST-ZIP PANAMA CITY, FL 32401	<input type="checkbox"/> Delete		TITLE VP NAME Ayers, Wyn STREET ADDRESS 1608 Baker Court CITY-ST-ZIP Panama City, FL 32401	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE S/TD NAME GLADSTONE, THOMAS F STREET ADDRESS 1608 BAKER COURT CITY-ST-ZIP PANAMA CITY, FL 32401	<input type="checkbox"/> Delete		TITLE D NAME Lopez, Frank STREET ADDRESS 1608 Baker Court CITY-ST-ZIP Panama City, FL 32401	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VP/D NAME KNOX, KENNETH J STREET ADDRESS 1608 BAKER COURT CITY-ST-ZIP PANAMA CITY, FL 32401	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME McCLAIN, RUTH W STREET ADDRESS 1608 BAKER COURT CITY-ST-ZIP PANAMA CITY, FL 32401	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME SAPP, GENE H STREET ADDRESS 1608 BAKER COURT CITY-ST-ZIP PANAMA CITY, FL 32401	<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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Ruth W. McClain</u>		<u>RUTH W. McCLAIN</u>		<u>4-20-07</u> <u>(850) 785-6808</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	