

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19845

FILED
Apr 25, 2006
Secretary of State

Entity Name: ST. ANDREW CHRISTIAN CARE CENTER, INC.

Current Principal Place of Business:

3001 WEST US HIGHWAY 98
PANAMA CITY, FL 32401 US

New Principal Place of Business:

Current Mailing Address:

3001 WEST US HIGHWAY 98
PANAMA CITY, FL 32401 US

New Mailing Address:

FEI Number: 59-2793858 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MABIUS, EDWARD W
114 OAK RIDGE PLACE
PANAMA CITY BEACH, FL 32408 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MABIUS, EDWARD W
Address: 114 OAK RIDGE PLACE
City-St-Zip: PANAMA CITY BEACH, FL 32408 US

Title: VD () Delete
Name: WHITAKER, CLIFF
Address: 2408 WEST 23RD STREET
City-St-Zip: PANAMA CITY, FL 32405 US

Title: STD () Delete
Name: LOWERY, MICHAEL
Address: 200 COYOTE PASS
City-St-Zip: PANAMA CITY BEACH, FL 32407 US

Title: D () Delete
Name: CRUTCHFIELD, JORIE
Address: 2401 TRINITY ST.
City-St-Zip: LYNN HAVEN, FL 32444 US

Title: D () Delete
Name: ROBINSON, CLARENCE
Address: 147 GRAND ISLAND BLVD
City-St-Zip: PANAMA CITY BEACH, FL 32407 US

Title: () Delete
Name:
Address:
City-St-Zip:

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:

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

Title: D () Change (X) Addition
Name: POWELL, JEANIE
Address: 6340 PINE DRIVE
City-St-Zip: PANAMA CITY BEACH, FL 32408 US

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: EDWARD W. MABIUS

Electronic Signature of Signing Officer or Director

PRES

04/25/2006

Date