## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N19845

FILED Apr 28, 2007 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

3001 WEST US HIGHWAY 98 PANAMA CITY, FL 32401 US

Current Mailing Address: New Mailing Address:

3001 WEST US HIGHWAY 98 PANAMA CITY, FL 32401 US

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MABIUS, EDWARD W HOLLEY, WINDELL 114 OAK RIDGE PLACE 3721 W 25TH ST

PANAMA CITY BEACH, FL 32408 US PANAMA CITY, FL 32405 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: WINDELL HOLLEY 04/28/2007

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: MABIUS, EDWARD W Name: HOLLEY, WINDELL

Address: 114 OAK RIDGE PLACE Address: 3721 W 25TH STREET

City-St-Zip: PANAMA CITY BEACH, FL 32408 US City-St-Zip: PANAMA CITY, FL 32405 US

Name: WHITAKER, CLIFF
Address: 2408 WEST 23RD STREET

Address: PO BOX 28137

City-St-Zip: PANAMA CITY, FL 32405 US City-St-Zip: PANAMA CITY, FL 32411-813 US

Title: STD () Delete Title: () Change () Addition Name: LOWERY, MICHAEL Name:

Address: 200 COYOTE PASS Address: City-St-Zip: PANAMA CITY BEACH, FL 32407 US City-St-Zip:

 $\label{eq:definition} {\sf Title:} \qquad {\sf D} \qquad (\ ) \, {\sf Delete} \qquad \qquad {\sf Title:} \qquad {\sf D} \qquad ({\sf X}) \, {\sf Change} \, (\ ) \, {\sf Addition}$ 

 Name:
 CRUTCHFIELD, JORIE
 Name:
 PATE, SANDRA

 Address:
 2401TRINITY ST.
 Address:
 5131 DEEPWATER CT

 City-St-Zip:
 LYNN HAVEN, FL 32444 US
 City-St-Zip:
 PANAMA CITY, FL 32404 US

 Name:
 ROBINSON, CLARENCE
 Name:

 Address:
 147 GRAND ISLAND BLVD
 Address:

 City-St-Zip:
 PANAMA CITY BEACH, FL 32407 US
 City-St-Zip:

Title: D ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 POWELL, JEANIE
 Name:

 Address:
 6340 PINE DRIVE
 Address:

 City-St-Zip:
 PANAMA CITY BEACH, FL 32408 US
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: SANDRA PATE D 04/28/2007