

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19845

FILED  
May 11, 2009  
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 ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

HOLLEY, WINDELL  
3721 W 25TH ST  
PANAMA CITY, FL 32405 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: HOLLEY, WINDELL  
Address: 3721 W 25TH STREET  
City-St-Zip: PANAMA CITY, FL 32405 US

Title: VD ( ) Delete  
Name: WHITAKER, CLIFF  
Address: PO BOX 28137  
City-St-Zip: PANAMA CITY, FL 32411 US

Title: STD ( ) Delete  
Name: CORNETT, GEORGE  
Address: 718 W. PIERSON DR.  
City-St-Zip: LYNN HAVEN, FL 32444 US

Title: D ( ) Delete  
Name: PATE, SANDRA  
Address: 5131 DEEPWATER CT  
City-St-Zip: PANAMA CITY, FL 32404 US

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

Title: D ( ) Delete  
Name: SHAFFER, DAN  
Address: 113 GLADES TURN  
City-St-Zip: PANAMA CITY BEACH, FL 32407 US

**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: ( ) Change ( ) Addition  
Name:  
Address:  
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: WINDELL HOLLEY

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

PRES

05/11/2009

\_\_\_\_\_ Date