

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19845

FILED
Mar 16, 2011
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 (X)

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

Title: VD
Name: FLOYD, LEWIS
Address: 4100 MARRIOTT DR #609
City-St-Zip: PANAMA CITY, FL 32408 US

Title: STD
Name: WHITTLE, JANICE
Address: 115 E 2ND PLACE
City-St-Zip: PANAMA CITY, FL 32401 US

Title: D
Name: CRUTCHFIELD, MARJORIE
Address: 2401 TRINITY STREET
City-St-Zip: LYNN HAVEN, FL 32444 US

Title: D
Name: WHITAKER, CLIFTON
Address: PO BOX 28137
City-St-Zip: PANAMA CITY BEACH, FL 32411 US

Title: D
Name: GIBSON, CARRIE
Address: 337 SHIRLEY DRIVE
City-St-Zip: PANAMA CITY, FL 32404 US

I hereby 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 all other like empowered.

SIGNATURE: WINDELL HOLLEY

PD

03/16/2011

Electronic Signature of Signing Officer or Director

Date