

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000005344 (7)

1. Corporation Name

SAINT ANDREW HERITAGE FOUNDATION, INC.



Principal Place of Business

Mailing Address

2629 W 10TH ST
PANAMA CITY FL 32401

P. O. BOX 4737 N/A
PANAMA CITY FL 32401
US

3. Date Incorporated or Qualified **11/19/1993** 3a. Date of Last Report **08/11/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number **59-3248053** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LITTLETON, JR. A
763 MARYWOOD DRIVE
PANAMA CITY FL 32405

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CD	<input type="checkbox"/> DELETE
NAME	LITTLETON, A C JR	
STREET ADDRESS	763 MARYWOOD DR.	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WEST, JR. C	
STREET ADDRESS	1920 WEST BEACH DRIVE	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PARKER, AUDREY	
STREET ADDRESS	1546 CINCINNATI AVENUE	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	PRINCE, JIMMIE	
STREET ADDRESS	1325 GULF AVE	
CITY-ST-ZIP	PANAMA CITY FL 32401	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KAYSER, LEA	
STREET ADDRESS	1238 BECK AVE NO. 4	
CITY-ST-ZIP	PANAMA CITY FL 32401	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RUBIN, STEVE	
STREET ADDRESS	1334 CINCINNATI AVE	
CITY-ST-ZIP	PANAMA CITY FL 32401	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	D GINGER LITTLETON
4.3 STREET ADDRESS	763 MARYWOOD DR
4.4 CITY-ST-ZIP	PANAMA CITY, FL 32405
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	600001927868
6.3 STREET ADDRESS	-08/21/96--01016--012
6.4 CITY-ST-ZIP	***61.25

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/29/96

Date

(904) 784-8114

Daytime Phone #

CR2E037 (3/96)