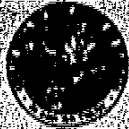


NONPROFIT CORPORATION ANNUAL REPORT 1995



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

FILED

1995 AUG -3 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000005607 (7)

1. Corporation Name
SAINT ANDREW CMC CLUB, INC.

Principal Place of Business Mailing Address
2629 W 10TH STREET PANAMA CITY FL 32401
PO BOX 4705 PANAMA CITY FL 32401

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/06/1993	3a. Date of Last Report 07/21/1994
4. FEI Number 59-3248052	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	FILING FEE IS \$61.25
8. This corporation has liability for intangible tax under a Florida Statute <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent LITTLETON, A C JR 4303 W 17TH PANAMA CITY FL 32401		10. Name and Address of New Registered Agent	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE CD	LITTLETON, A. C. JR. 763 MARYWOOD DRIVE PANAMA CITY FL	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE B	MORRISON, CHUCK 1132 BECK AVE PANAMA CITY FL 32401	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		2.2 NAME	VACANT
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE SD	WEBB, CHUCK 3604 BETSY LANE, APT 4 PANAMA CITY BEACH FL 32407	3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		3.2 NAME	SD BRYAN, DON
STREET ADDRESS		3.3 STREET ADDRESS	2116 ISLAND LAKE CIRCLE
CITY - ST - ZIP		3.4 CITY - ST - ZIP	PANAMA CITY, FL 32405
TITLE TD	PRINCE, JIMMIE 1325 GULF AVE PANAMA CITY FL 32401	4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4.2 NAME	TD WENGEL, NANCY
STREET ADDRESS		4.3 STREET ADDRESS	1701 MOUND AVE
CITY - ST - ZIP		4.4 CITY - ST - ZIP	PANAMA CITY, FL 32401
TITLE D	KAYSEN, LEA 1238 BECK AVE, NO 4 PANAMA CITY FL 32401	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME	D PRINCE, JIMMIE
STREET ADDRESS		5.3 STREET ADDRESS	1325 GULF DRIVE
CITY - ST - ZIP		5.4 CITY - ST - ZIP	PANAMA CITY, FL 32401
TITLE D	RUBIN, STEVE 1334 CINCINNATI AVE PANAMA CITY FL 32401	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME	D NELSON, WILLARD
STREET ADDRESS		6.3 STREET ADDRESS	7031 CORNELIA LANE
CITY - ST - ZIP		6.4 CITY - ST - ZIP	PANAMA CITY, FL 32409

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 110.07(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 this filing.

SIGNATURE: _____ **A.C. Littleton, Jr.** 7/28/95 (904) 233-5170
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

CR2E037 (3/95)