

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N93000005607 (7)

1. Corporation Name

SAINT ANDREW CIVIC CLUB, INC.



Principal Place of Business

Mailing Address

2629 W 10TH STREET  
PANAMA CITY FL 32401

PO BOX 4705  
PANAMA CITY FL 32401

3. Date Incorporated or Qualified

12/06/1993

3a. Date of Last Report

08/03/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-3248052

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$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, A C JR  
4303 W 17TH  
PANAMA CITY FL 32401

81

Name

Jimmie Prince

82

Street Address (P.O. Box Number is Not Acceptable)

1325 Gulf Avenue

83

84

City

Panama City FL

85

Zip Code

32401

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

*Jimmie Prince*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5/14/96

DATE

12. OFFICERS AND DIRECTORS

|                |                         |  |
|----------------|-------------------------|--|
| TITLE          | CD                      | <input checked="" type="checkbox"/> DELETE |
| NAME           | LITTLETON, A. C. JR.    |  |
| STREET ADDRESS | 763 MARYWOOD DRIVE      |  |
| CITY-ST-ZIP    | PANAMA CITY FL          |  |
| TITLE          | SD                      | <input type="checkbox"/> DELETE            |
| NAME           | BRYAN, DON              |  |
| STREET ADDRESS | 2118 ISLAND LAKE CIRCLE |  |
| CITY-ST-ZIP    | PANAMA CITY FL          |  |
| TITLE          | TD                      | <input checked="" type="checkbox"/> DELETE |
| NAME           | WENGEL, NANCY           |  |
| STREET ADDRESS | 1701 MOUND AVENUE       |  |
| CITY-ST-ZIP    | PANAMA CITY FL          |  |
| TITLE          | D                       | <input checked="" type="checkbox"/> DELETE |
| NAME           | PRINCE, JIMMIE          |  |
| STREET ADDRESS | 1325 GULF DRIVE         |  |
| CITY-ST-ZIP    | PANAMA CITY FL          |  |
| TITLE          | D                       | <input type="checkbox"/> DELETE            |
| NAME           | NELSON, WILLARD         |  |
| STREET ADDRESS | 7031 CORNELIA LANE      |  |
| CITY-ST-ZIP    | PANAMA CITY FL          |  |
| TITLE          |                         | <input type="checkbox"/> DELETE            |
| NAME           |                         |  |
| STREET ADDRESS |                         |  |
| CITY-ST-ZIP    |                         |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                          |  |
|--------------------|--------------------------|--|
| 1.1 TITLE          | CD                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           | Prince, Jimmie           |  |
| 1.3 STREET ADDRESS | 1325 GULF AVENUE         |  |
| 1.4 CITY-ST-ZIP    | Panama City, FL 32401    |  |
| 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          | TD                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           | Deaton, Lisa             |  |
| 3.3 STREET ADDRESS | 2402 W. 13th Street      |  |
| 3.4 CITY-ST-ZIP    | Panama City, FL 32401    |  |
| 4.1 TITLE          |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |                          |  |
| 4.3 STREET ADDRESS |                          |  |
| 4.4 CITY-ST-ZIP    |                          |  |
| 5.1 TITLE          |                          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |                          |  |
| 5.3 STREET ADDRESS | 205 Sherritt Branch Road |  |
| 5.4 CITY-ST-ZIP    | Southport, FL 32409      |  |
| 6.1 TITLE          |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |                          |  |
| 6.3 STREET ADDRESS |                          |  |
| 6.4 CITY-ST-ZIP    |                          |  |

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: *Lisa Deaton* Lisa Deaton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/14/96 (904)872-1180

Date

Daytime Phone #

CR2E037 (12/95)