

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
 Aug 06 1997 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N93000005607 (7)**  
 1. Corporation Name  
**SAINT ANDREW CIVIC CLUB, INC.**



Principal Place of Business <b>2629 W 10TH STREET PANAMA CITY FL 32401</b>	Mailing Address <b>PO BOX 4705 PANAMA CITY FL 32401</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/06/1993</b>		3a. Date of Last Report <b>05/22/1996</b>	
21 <b>2629 W. Tenth St.</b>		26 <b>2629 W. Tenth St.</b>		4. FEI Number <b>59-3248052</b>		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc. <b>ATTN: Willard Nelson</b>		5. Certificate of Status Desired <b>XX</b>		<b>\$8.75 Additional Fee Required</b>	
23 City & State		28 City & State <b>Panama City, FL</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Zip		25 Country		29 Zip <b>32401</b>		30 Country <b>USA</b>	

g. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>PRINCE, JIMMIE</b> <b>1325 GULF AVENUE</b> <b>PANAMA CITY FL 32401</b>				81 Name <b>WILLARD NELSON</b>			
				82 Street Address (P.O. Box Number is Not Acceptable) <b>2629 West 10th. Street</b>			
				83 City			
				84 City <b>PANAMA CITY</b>		85 Zip Code <b>FL 32401</b>	

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 *Willard Nelson* **Vice President** **8/4/87**  
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 checked="" type="checkbox"/> DELETE		1.1 TITLE	CD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	PRINCE, JIMMIE			1.2 NAME	RUBIN, Steve		
STREET ADDRESS	1325 GULF AVENUE			1.3 STREET ADDRESS	1334 Cincinnati Ave.		
CITY-ST-ZIP	PANAMA CITY FL			1.4 CITY-ST-ZIP	Panama City FL 32401		
TITLE	SD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	SD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BRYAN, DON			2.2 NAME	CARTER, JOYCE		
STREET ADDRESS	2118 ISLAND LAKE CIRCLE			2.3 STREET ADDRESS	4303 W. 17th ST.		
CITY-ST-ZIP	PANAMA CITY FL			2.4 CITY-ST-ZIP	PANAMA CITY, FL 32401		
TITLE	TD	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DEATON, LISA			3.2 NAME			
STREET ADDRESS	2402 W 13TH ST			3.3 STREET ADDRESS			
CITY-ST-ZIP	PANAMA CITY FL			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	V	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	NELSON, WILLARD			4.2 NAME			
STREET ADDRESS	205 SHERRITT BRANCH ROAD			4.3 STREET ADDRESS			
CITY-ST-ZIP	SOUTHPORT FL			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 *Willard Nelson* **SIGNATURE REQUIRED** **271-0812**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

CFR2E037 (4/97)

*CC 816*

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**-08/07/97--01003--001**  
**\*\*\*20.00**