

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 06, 2004 8:00 am
Secretary of State

04-06-2004 90030 008 ****70.00



DOCUMENT # N93000005607

1. Entity Name

SAINT ANDREW CIVIC CLUB, INC.

Principal Place of Business

2629 W 10TH STREET
ATTN. WILLARD NELSON
PANAMA CITY FL 32401

Mailing Address

205 SHERRETT BRANCH RD
ATTN. WILLARD NELSON
PANAMA CITY FL 32401

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE CR2E037 (11/03)

4. FEI Number
59-3248052

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NELSON, WILLARD
205 SHERRETT BRANCH RD
PANAMA CITY FL 32409

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	WILLARD, NELSON	
STREET ADDRESS	205 SHERRETT BRANCH RD.	
CITY-ST-ZIP	PANAMA CITY FL 32409	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	GIBSON, DONNA	
STREET ADDRESS	1107 BECK AVENUE	
CITY-ST-ZIP	PANAMA CITY FL 32401	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	PULLEN, GERRI	
STREET ADDRESS	8522 N. LAPOON	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32408	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	COLLINS, CORINNE	
STREET ADDRESS	2913 WEST 11TH ST.	
CITY-ST-ZIP	PANAMA CITY FL 32401	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	THOMAS, PATERICK	
STREET ADDRESS	19940 ALTA VISTA DRIVE	
CITY-ST-ZIP	PANAMA CITY FL 32413	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, PATERICK	
STREET ADDRESS	19940 ALTA VISTA DRIVE	
CITY-ST-ZIP	PANAMA CITY FL 32413	
TITLE	RD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSA TAYLOR	
STREET ADDRESS	512 SENECA AVE	
CITY-ST-ZIP	CALLAWAY FL - 32404	
TITLE	VD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEBBIE LONGE	
STREET ADDRESS	1118 BAYVIEW AVE	
CITY-ST-ZIP	PANAMA CITY FL 32401	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONNA GIBSON	
STREET ADDRESS	1113 BECK AVE	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLARD NELSON	
STREET ADDRESS	205 SHERRETT BRANCH RD	
CITY-ST-ZIP	PANAMA CITY FL 32409	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Willard Nelson* Willard Nelson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

87211-80 CLK
4/5/04 265-3481 H.

Date

Daytime Phone #