

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 07, 2005 8:00 am**  
**Secretary of State**

03-07-2005 90258 034 \*\*\*\*70.00

**DOCUMENT #** 93000005607

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**



1st MOORE CR2E037 (10/04)

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

4. FEI Number **59-3248052**

Applied For  
 Not Applicable

Zip Country

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

**6. Name and Address of Current Registered Agent**

**NELSON, WILLARD  
 205 SHERRETT BRANCH RD  
 PANAMA CITY FL 32409**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25  
 Due By May 1, 2005**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE CD	THOMAS, PATRICK 19940 ALTA VISTA DR. PANAMA CITY BEACH FL 32413 <input checked="" type="checkbox"/> Delete	TITLE CD	GIBSON DENNA 1113 Beck Ave PANAMA CITY FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PD	TAYLOR, ROSA 512 SENECA AVE. PANAMA CITY FL 32404 <input checked="" type="checkbox"/> Delete	TITLE PD	LONGE, Debbie 1118 Bayview Ave PANAMA CITY FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD	LONGE, DEBBIE 1118 BAYVIEW AVE. PANAMA CITY FL 32401 <input checked="" type="checkbox"/> Delete	TITLE VD	JAMES McVeigh 1404 W. Beach Dr. PANAMA CITY FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD	GIBSON, DENNA 1113 BECK AVE. PANAMA CITY FL <input checked="" type="checkbox"/> Delete	TITLE SD	Geori Pullen 8522 N. Laguna Dr PANAMA CITY BEACH FL <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD	NELSON, WILLARD 205 SHERRETT BRANCH RD. PANAMA CITY FL 32409 <input type="checkbox"/> Delete	TITLE TD	Nelson Willard 205 Sherrett Branch Rd PANAMA CITY FL <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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* *2/1/05* *872 1180 Club* *265 3481 Home*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #