

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005607

FILED
Jan 13, 2009
Secretary of State

Entity Name: SAINT ANDREW CIVIC CLUB, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-3248052 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: PATERICK, TOM
Address: 14308 NW RABBOTT RD
City-St-Zip: SCOTTS FERRY, FL 32449

Title: PD () Delete
Name: LONGE, DEBBIE
Address: 1213 E 5TH STREET
City-St-Zip: PANAMA CITY, FL 32401

Title: VD () Delete
Name: MILLER, JOSHALYN
Address: 1316 BECK AVENUE
City-St-Zip: PANAMA CITY, FL 32401

Title: SD () Delete
Name: WERNER, DEBRA
Address: 1316 BECK AVENUE
City-St-Zip: PANAMA CITY, FL 32401

Title: TD () Delete
Name: NELSON, WILLARD
Address: 205 SHERRETT BRANCH RD.
City-St-Zip: PANAMA CITY, FL 32409

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change () Addition
Name: PATERICK, TOM
Address: 14308 SW ABBOTT RD
City-St-Zip: SCOTTS FERRY, FL 32449

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: GRIMSLEY, GLADYS
Address: 24 HARRISON AVE UNIT 611
City-St-Zip: PANAMA CITY, FL 32401

Title: SD (X) Change () Addition
Name: LONGE, ANNIE
Address: 1213 E 5TH STREET
City-St-Zip: PANAMA CITY, FL 32401

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLARD NELSON

TD

01/13/2009

Electronic Signature of Signing Officer or Director

_____ Date