

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 23, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90170 014 \*\*\*\*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**



CHECK HERE IF MAKING CHANGES

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 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**

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 <b>CD</b>	<input type="checkbox"/> Delete
NAME <b>WILLARD, NELSON</b>	
STREET ADDRESS <b>205 SHERRETT BRANCH RD.</b>	
CITY-ST-ZIP <b>PANAMA CITY FL 32409</b>	
TITLE <b>PD</b>	<input type="checkbox"/> Delete
NAME <b>GIBSON, DONNA</b>	
STREET ADDRESS <b>1107 BECK AVENUE</b>	
CITY-ST-ZIP <b>PANAMA CITY FL 32401</b>	
TITLE <b>VD</b>	<input checked="" type="checkbox"/> Delete
NAME <b>PRINCE, JIMMIE</b>	
STREET ADDRESS <b>1325 GULF AVENUE</b>	
CITY-ST-ZIP <b>PANAMA CITY FL 32401</b>	
TITLE <b>SD</b>	<input checked="" type="checkbox"/> Delete
NAME <b>SPROUSE, GAYOLA</b>	
STREET ADDRESS <b>1127 1/2 BECK AVENUE</b>	
CITY-ST-ZIP <b>PANAMA CITY FL 32401</b>	
TITLE <b>TD</b>	<input type="checkbox"/> Delete
NAME <b>COLLINS, CORINNE</b>	
STREET ADDRESS <b>1111 DRAKE AVENUE</b>	
CITY-ST-ZIP <b>PANAMA CITY FL 32401</b>	
TITLE <b>TD</b>	<input type="checkbox"/> Delete
NAME <b>THOMAS, PATERICK</b>	
STREET ADDRESS <b>19940 ALTA VISTA DRIVE</b>	
CITY-ST-ZIP <b>PANAMA CITY FL 32413</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE <b>CD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>GIBSON, DONNA</b>	
STREET ADDRESS <b>1103 Beck Ave</b>	
CITY-ST-ZIP <b>PANAMA CITY FL 32401</b>	
TITLE <b>PD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>THOMAS, PATERICK</b>	
STREET ADDRESS <b>19940 ALTA VISTA DR.</b>	
CITY-ST-ZIP <b>PANAMA CITY FL 32413</b>	
TITLE <b>VD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Willard Nelson</b>	
STREET ADDRESS <b>205 Sherrett Branch Rd.</b>	
CITY-ST-ZIP <b>PANAMA CITY, FL 32409</b>	
TITLE <b>SD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>COLLIN, CORINNE</b>	
STREET ADDRESS <b>2913 West 11th St.</b>	
CITY-ST-ZIP <b>PANAMA CITY, FL 32401</b>	
TITLE <b>TD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Gerri Pullen</b>	
STREET ADDRESS <b>8522 N. LAGOON</b>	
CITY-ST-ZIP <b>P. C. Beach FLA 32408</b>	
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 *Thomas Paterick* *Willard Nelson* *11/16/03*

CR2E037 (10/02)