

**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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

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

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 _____ (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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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