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FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999

DOCUMENT # N96000002013

1. Corporation Name

SAINT ANDREW'S LIGHTHOUSE, INC.

Principal Place of Business

1797 BEACH BLVD
 JAX FL 32223
 US

Mailing Address

1797 BEACH BLVD
 JAX FL 32223
 US



2. Principal Place of Business

21 1797 Beach Blvd

Suite, Apt. #, etc.

2a. Mailing Address

26 1797 Beach Blvd

Suite, Apt. #, etc.

3. Date Incorporated or Qualified

04/09/1996

4. FEI Number

31-1489868

Applied For

Not Applicable

City & State

23 Jacksonville, FL

City & State

28 Jacksonville, FL

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip Country

24 32250 25 US

Zip Country

29 32250 30 US

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

GRAHAM, ARTHUR U
 432 SOUTH BEACH STREET
 DAYTONA BCH FL 32214

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code
 32114

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Arthur U. Graham

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

(NOTE: Registered Agent signature required when reinstating)

4/26/99
 DATE

12. OFFICERS AND DIRECTORS

TITLE DELETE
 NAME DVP
 STREET ADDRESS PEARCE, JUDY
 CITY-ST-ZIP 2471 BUFFTON DRIVE JACKSONVILLE FL 32224

TITLE DELETE
 NAME D
 STREET ADDRESS LANGE, STEPHEN
 CITY-ST-ZIP 7640 FOUNDERS WAY PONTE VEDRA BCH FL 32062

TITLE DELETE
 NAME D
 STREET ADDRESS SPIVEY, JAMES
 CITY-ST-ZIP 8044 WHISPER LAKE LANE WEST PONTE VEDRA BCH FL

TITLE DELETE
 NAME DP
 STREET ADDRESS ASHER, EDWARD
 CITY-ST-ZIP 2355 COVINGTON CREEK DRIVE WEST JACKSONVILLE FL 32224

TITLE DELETE
 NAME DS
 STREET ADDRESS KOVACH, NANCY
 CITY-ST-ZIP 2502 AMERICA AVE JACKSONVILLE BCH FL 32250

TITLE DELETE
 NAME D
 STREET ADDRESS GOSAGE, LANNA
 CITY-ST-ZIP 2381 WINDCHIME DRIVE JACKSONVILLE FL 32224

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
 1.2 NAME D: T
 1.3 STREET ADDRESS Patricia A. Haslam
 1.4 CITY-ST-ZIP 1702 Third Avenue North Jacksonville, FL 32250

2.1 TITLE Change Addition
 2.2 NAME D
 2.3 STREET ADDRESS Donald L. Hong
 2.4 CITY-ST-ZIP 2363 Covington Creek Drive West Jacksonville, FL 32224

3.1 TITLE Change Addition
 3.2 NAME D
 3.3 STREET ADDRESS Angie Humbarger
 3.4 CITY-ST-ZIP 408 Osprey Lookout Court Ponte Vedra Beach, FL 32082

4.1 TITLE Change Addition
 4.2 NAME D
 4.3 STREET ADDRESS Rev. James H. Reeb
 4.4 CITY-ST-ZIP 5354 Rollins Avenue Jacksonville, FL 32207

5.1 TITLE Change Addition
 5.2 NAME D
 5.3 STREET ADDRESS Vicki C. Topcik, LMHC
 5.4 CITY-ST-ZIP 10790 Waverly Bluff Way Jacksonville, FL 32223

6.1 TITLE Change Addition
 6.2 NAME D
 6.3 STREET ADDRESS Timothy A. Woodward, M.D.
 6.4 CITY-ST-ZIP 1537 Harrington Park Drive Jacksonville, FL 32225

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Edward Asher **REQUIRE** Edward Asher April 27, 1999 (904) 636-5626

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

Daytime Phone #

CR2E037 (1/198)