

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003045

FILED  
Apr 26, 2005  
Secretary of State

Entity Name: ST. ANDREWS WATERFRONT PARTNERSHIP, INC.

**Current Principal Place of Business:**

P.O. BOX 4303  
PANAMA CITY, FL 324014303

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 4303  
PANAMA CITY, FL 324014303

**New Mailing Address:**

FEI Number: 59-3598912

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

BROOKS, LORNE L  
2204 W 9TH STREET  
PANAMA CITY, FL 32401 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: P ( ) Delete  
Name: TRIMMER, BRYAN  
Address: 1310 FOSTER AVE.  
City-St-Zip: PANAMA CITY, FL 32405

Title: V ( ) Delete  
Name: PILCHER, JOHN E  
Address: PO BOX 15247  
City-St-Zip: PANAMA CITY, FL 32406

Title: T ( ) Delete  
Name: BROOKS, LORNE L  
Address: 2204 W 9TH ST  
City-St-Zip: PANAMA CITY, FL 32401

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: THURMOND, CRAIG  
Address: 747 JENKS AVENUE  
City-St-Zip: PANAMA CITY, FL 32401

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LORNE L. BROOKS

T

04/26/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date