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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 15 PM 0:26

DOCUMENT # **F94000001241 (8)**

1. Corporation Name
SOCIETY OF ST. ANDREWS, INC.

Principal Place of Business	Mailing Address
C/O CROS 4401 GARDEN AVE. WEST PALM BEACH FL 33405	C/O CROS 4401 GARDEN AVE. WEST PALM BEACH FL 33405

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/11/1994
3a. Date of Last Report:
4. FEI Number: 54-1285793 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 S. Charles Adams ATTorney AT Law	26 S. Charles Adams
Suite, Apt. #, etc. 22 Suite 405 818 S.E. 4th ST.	Suite, Apt. #, etc. 27 P.O. Box 030488
City & State 23 FT Lauderdale FL	City & State 28 FT. Lauderdale FL
Zip 24 33301 Country 25 USA	Zip 29 33303-0488 Country 30 USA

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CAHOON, PAMELA A 4401 GARDEN AVE WEST PALM BEACH FL 33405	81 Name: S. Charles Adams 82 Street Address (P.O. Box Number is Not Acceptable): 818 S.E. 4th Street 83 Suite 405 84 City: Ft. Lauderdale FL 85 Zip Code: 33301

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: [signature] S. Charles Adams 6/7/95
(Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	BUCHANAN, REV. RAY A	12 NAME	
STREET ADDRESS	RT 1 BOX 867	13 STREET ADDRESS	
CITY-ST-ZIP	BIG ISLAND VA	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	HORNE JR, REV. KENNETH C	22 NAME	
STREET ADDRESS	RT 5 BOX 192	23 STREET ADDRESS	
CITY-ST-ZIP	BEDFORD VA	24 CITY-ST-ZIP	
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	BUCHANAN, MARIAN K	32 NAME	
STREET ADDRESS	RT 1 BOX 867	33 STREET ADDRESS	
CITY-ST-ZIP	BIG ISLAND VA	34 CITY-ST-ZIP	
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	HORNE, JEAN K	42 NAME	
STREET ADDRESS	RT 5 BOX 192	43 STREET ADDRESS	
CITY-ST-ZIP	BEDFORD VA	44 CITY-ST-ZIP	
TITLE	CD	51 TITLE	☐ Change ☐ Addition
NAME	SMITH, DR. DAVID	52 NAME	
STREET ADDRESS	804-A LEESVILLE RD.	53 STREET ADDRESS	
CITY-ST-ZIP	LYNCHBURG VA	54 CITY-ST-ZIP	
TITLE	VD	61 TITLE	☐ Change ☐ Addition
NAME	MILLER, REV. ROY	62 NAME	
STREET ADDRESS	6532 RICHMOND AVE.	63 STREET ADDRESS	
CITY-ST-ZIP	ALEXANDRIA VA	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: [signature] 6/7/95 904-299-5956
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)

0047080