

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741668

Entity Name: ST. ANDREW BAY CENTER, INC.**Current Principal Place of Business:**1804 CAROLINA AVE.
LYNN HAVEN, FL 32444**Current Mailing Address:**P.O. BOX 1320
LYNN HAVEN, FL 32444**FEI Number:** 59-0951529**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**HOWELL, CATHY M
1804 CAROLINA AVE.
LYNN HAVEN, FL 32444 US*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**Officer/Director Detail :**

Title	PRESIDENT
Name	GOBAT, CHARLES
Address	P O BOX 1320
City-State-Zip:	LYNN HAVEN FL 32444

Title	TREASURER
Name	POTTS, CALVIN
Address	1708 GRANTS MILL COURT
City-State-Zip:	LYNN HAVEN FL 32444

Title	SEC
Name	COULTHARD, CHRISTY
Address	1002 WEST 23RD STREET
City-State-Zip:	PANAMA CITY FL 32405

Title	VP
Name	SIRMONS, DON
Address	P O BOX 1320
City-State-Zip:	LYNN HAVEN FL 32444

Title	BM
Name	STANLEY, SALLY
Address	2300 CORAL DRIVE
City-State-Zip:	LYNN HAVEN FL 32444

I hereby 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 all other like empowered.

SIGNATURE: CHARLES GOBAT

PRESIDENT

01/07/2014

Electronic Signature of Signing Officer/Director Detail_____
Date