

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 743105

**Entity Name:** THE SAINT ANDREW SOCIETY OF TALLAHASSEE, INC.

**Current Principal Place of Business:**

8875 GLEN ABBY DRIVE  
TALLAHASSEE, FL 32312-4065

**Current Mailing Address:**

PO BOX 12034  
TALLAHASSEE, FL 32317

**FEI Number: 80-0473144**

**Certificate of Status Desired: No**

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

HUME, EVAN B  
8875 GLEN ABBY DRIVE  
TALLAHASSEE, FL 32312-4065 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           DIRECTOR  
Name           LONG, LAURIE  
Address        4621 WOODHAVEN DRIVE  
City-State-Zip: TALLAHASSEE FL 32305

Title           VP  
Name           FRAZIER, LINDA L  
Address        1560 LEE AVENUE  
City-State-Zip: TALLAHASSEE FL 32303

Title           PRESIDENT  
Name           HUME, EVAN B  
Address        8875 GLEN ABBY DRIVE  
City-State-Zip: TALLAHASSEE FL 32312

Title           MBRS  
Name           STEWART, BARBARA  
Address        903 KENILWORTH ROAD  
City-State-Zip: TALLAHASSEE FL 32312

Title           DIR  
Name           KING, ERIC  
Address        6119 OX BOTTOM MANOR DRIVE  
City-State-Zip: TALLAHASSEE FL 32312

*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: LINDA LEE FRAZIER**

**VP/TREASURER**

**01/07/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date