

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 746442

**FILED**  
**Jan 09, 2015**  
**Secretary of State**  
**CC0288630345**

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

**Current Principal Place of Business:**

5186 COTE DU RHONE WAY,  
SARASOTA, FL 34238

**Current Mailing Address:**

P.O. BOX 2592  
SARASOTA, FL 34230

**FEI Number: 59-1900571**

**Certificate of Status Desired: Yes**

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

MITCHELL, GEORGE (BERT) A DR.  
5186 COTE DU RHONE WAY,  
SARASOTA, FL 34238 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: DR. GEORGE (BERT) A MITCHELL**

**01/09/2015**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title TRUSTEE  
Name THOMPSON, RICHARD  
Address 6413 GRAND POINT AVE.  
City-State-Zip: UNIVERSITY PARK FL 34201

Title TREASURER  
Name WOLFE, MICHAEL DR.  
Address 10222 BUTTERCUP GLEN,  
City-State-Zip: BRADENTON FL 34212

Title SECRETARY  
Name THOMPSON, ELIZABETH  
Address 6413 GRAND POINT AVENUE,  
City-State-Zip: UNIVERSITY PARK FL 34201

Title TRUSTEE  
Name THOMPSON, THOMAS (TOM) .  
Address 4438 CHASE OAKS DRIVE,  
City-State-Zip: SARASOTA FL 34241

Title TRUSTEE  
Name MACMILLAN, DAVID B DR.  
Address 534 LUMINARY BLVD  
City-State-Zip: OSPREY FL 34229

Title PRESIDENT  
Name MITCHELL, GEORGE (BERT) A DR.  
Address 5186 COTE DU RHONE WAY,  
City-State-Zip: SARASOTA FL 34238

Title VP  
Name MCCALL, JOHN (JACK)  
Address 205 WOODLAND DRIVE  
City-State-Zip: ENGLEWOOD, FL 34223

Title PAST PRESIDENT  
Name WILCOX, MICHAEL  
Address 4671 32ND CT. EAST,  
City-State-Zip: BRADENTON, FL 34203

*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: DR. GEORGE (BERT) A. MITCHELL**

**PRESIDENT**

**01/09/2015**

Electronic Signature of Signing Officer/Director Detail

Date