

FILE NOW: FILING FEE IS \$61.25

FILED

Jun 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **741069** (9)

1. Corporation Name

CALEDONIAN SOCIETY OF FLORIDA - ST. PETERSBURG, INC.



Principal Place of Business 2201 1ST AVENUE NORTH ST. PETERSBURG FL 33713	Mailing Address 2201 1ST AVENUE NORTH ST. PETERSBURG FL 33713-8816
---	--

3. Date Incorporated or Qualified 12/16/1977	3a. Date of Last Report 06/06/1996
--	--

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 59-1799886	Applied For Not Applicable
		5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
		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

**WALLACE, GAIL MRS
2201 1ST AVENUE NORTH
ST. PETERSBURG FL 33713**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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	P ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	WALLACE, RUSSELL	1.2 NAME	
STREET ADDRESS	2201 1ST AVE NORTH	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33713	1.4 CITY-ST-ZIP	
TITLE	V ☒ DELETE	2.1 TITLE	☐ Change ☒ Addition
NAME	SHUMAN, DANNY	2.2 NAME	Bentley, William
STREET ADDRESS	770 59TH AVENUE N.E.	2.3 STREET ADDRESS	7100 Ulmerton Road, #2140
CITY-ST-ZIP	ST PETERSBURG FL 33703	2.4 CITY-ST-ZIP	Largo, FL 33771
TITLE	V ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	RICHARDS, ARDITH	3.2 NAME	
STREET ADDRESS	1198 39TH AVENUE N.E.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33703	3.4 CITY-ST-ZIP	
TITLE	D ☒ DELETE	4.1 TITLE	☐ Change ☒ Addition
NAME	BORDER, EARL	4.2 NAME	Treasurer
STREET ADDRESS	6001 36TH TERRACE NO	4.3 STREET ADDRESS	Bentley, Dolly
CITY-ST-ZIP	ST PETERSBURG FL 33710	4.4 CITY-ST-ZIP	7100 Ulmerton Road, #2140
TITLE	D ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	BOYD, HENRY	5.2 NAME	
STREET ADDRESS	5200 BRITTANY DRIVE SO	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33715	5.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	CAMERON, ALEX	6.2 NAME	
STREET ADDRESS	3100 26TH AVENUE NO., LOT NO. 25	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33713	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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.

CR2E037 (9/96)