

FILE NOW: FILING FEE IS \$61.25

FILED

Jun 25 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 12/16/1977	4. FEI Number 59-1799886	Applied For ☐ Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
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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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
**WALLACE, GAIL MRS
2201 1ST AVENUE NORTH
ST. PETERSBURG FL 33713**

10. Name and Address of New Registered Agent 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	
TITLE	☐ DELETE
NAME	WALLACE, RUSSELL
STREET ADDRESS	2201 1ST AVE NORTH
CITY-ST-ZIP	ST PETERSBURG FL 33713
TITLE	☒ DELETE
NAME	BENTLEY, WILLIAM
STREET ADDRESS	7100 ULMERTON RD, #2140
CITY-ST-ZIP	LARGO FL
TITLE	☒ DELETE
NAME	RICHARDS, ARDITH
STREET ADDRESS	1198 39TH AVENUE N.E.
CITY-ST-ZIP	ST PETERSBURG FL 33703
TITLE	☐ DELETE
NAME	BENTLEY, DOLL
STREET ADDRESS	7100 ULMERTON RD, #2140
CITY-ST-ZIP	LARGO FL
TITLE	☐ DELETE
NAME	BOYD, HENRY
STREET ADDRESS	5200 BRITTANY DRIVE SO
CITY-ST-ZIP	ST PETERSBURG FL 33715
TITLE	☐ DELETE
NAME	CAMERON, ALEX
STREET ADDRESS	3100 26TH AVENUE NO., LOT NO. 25
CITY-ST-ZIP	ST PETERSBURG FL 33713

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	SECRETARY
3.3 STREET ADDRESS	ERLA RICHARDSON
3.4 CITY-ST-ZIP	916 MYAKKA COURT N.E.
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	ST. PETERSBURG, FL 33702
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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 on an attachment with an address.

SIGNATURE: *[Signature]* 1-24-98 (93) 337-7999

CR2E037 (10/97)