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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 741069

1. Corporation Name

CALEDONIAN SOCIETY OF FLORIDA - ST. PETERSBURG, INC.

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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

3. Date Incorporated or Qualifed
12/16/1977

4. FEI Number
59-1799886
☐ Applied For
☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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 SAME
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 Gail F. Wallace 3-17-99
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	S	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	RICHARDSON, ERLA		2.2 NAME		
STREET ADDRESS	916 MYAKKKA CT NE		2.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL 33702		2.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BENTLEY, DOLLY		3.2 NAME		
STREET ADDRESS	7100 ULMERTON RD, #2140		3.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BOYD, HENRY		4.2 NAME		
STREET ADDRESS	5200 BRITTANY DRIVE SO		4.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL 33715		4.4 CITY-ST-ZIP		
TITLE	D	☑ DELETE	5.1 TITLE	D	☐ Change ☑ Addition
NAME	CAMERON, ALEX		5.2 NAME	VIRGINIA W. MONTGOMERY	
STREET ADDRESS	3100 26TH AVENUE NO., LOT NO. 25		5.3 STREET ADDRESS	5287 81ST ST N.	
CITY-ST-ZIP	ST PETERSBURG FL 33713		5.4 CITY-ST-ZIP	ST. PETERSBURG, FL. 33709	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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, or on an attachment with an address, with all other like empowered.

SIGNATURE: Gail F. Wallace, Secretary 3/17/99 (727)531-5136
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #