2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 20, 2004
Secretary of State

DOCUMENT# 741069

Entity Name: CALEDONIAN SOCIETY OF FLORIDA - ST. PETERSBURG, INC.

Current Principal Place of Business:

330 FIFTH ST N
SAINT PETERSBURG, FL 33701

New Principal Place of Business:

Current Mailing Address:

330 FIFTH ST N
SAINT PETERSBURG, FL 33701

New Mailing Address:

FEI Number: 59-1799886 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WALLACE, GAIL MRS
330 FIFTH ST N
SAINT PETERSBURG, FL 33701 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	WALLACE, RUSSELL	
Address:	5207 5TH AVE. DR. NW	
City-St-Zip:	BRADENTON, FL 34209	
Title:	VP	( ) Delete
Name:	STRAIT, GARY	
Address:	1684 70TH ST. NO., APT 809	
City-St-Zip:	SAINT PETERSBURG, FL 33710	
Title:	T	( ) Delete
Name:	RICHARDSON, ERLA	
Address:	916 MYAKKA COURT NE	
City-St-Zip:	SAINT PETERSBURG, FL 33702	
Title:	S	( ) Delete
Name:	PARROTT, CHATERINE	
Address:	334 33RD AVE NE	
City-St-Zip:	SAINT PETERSBURG, FL 33704	
Title:	D	( ) Delete
Name:	LUSK, CINDY	
Address:	8420 REGAL WAY	
City-St-Zip:	PALMETTO, FL 34221	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: RUSSELL L. WALLACE P 07/20/2004
Electronic Signature of Signing Officer or Director — Date