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May 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F95000001311 (8)**

1. Corporation Name
THE CALEDONIAN FOUNDATION USA, INC.

Principal Place of Business	Mailing Address
PO BOX 1242 EDGARTOWN MA 02539-1242	PO BOX 1242 EDGARTOWN MA 02539-1242

3. Date Incorporated or Qualified: 03/20/1995

4. FEI Number: 51-0190849 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

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**

MCCABE, MARCIA
508 66TH ST.
HOLMES BEACH FL 34217

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	THE EARL OF DALKEITH		1.2 NAME		
STREET ADDRESS	DABTON, THORNHILL		1.3 STREET ADDRESS		
CITY-ST-ZIP	DUMFRIESSHIRE, SCOTLAND		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MACARTHUR, DIANA		2.2 NAME		
STREET ADDRESS	5103 CAPE COD COURT		2.3 STREET ADDRESS		
CITY-ST-ZIP	BETHESDA MD 20816		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MURRAY, EVELYN		3.2 NAME		
STREET ADDRESS	37 BLANCHARD ROAD		3.3 STREET ADDRESS		
CITY-ST-ZIP	CAMBRIDGE MA 02138-1010		3.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HENLEY, THOMAS F DR.		4.2 NAME		
STREET ADDRESS	1503 SHERBROOKE CIR.		4.3 STREET ADDRESS		
CITY-ST-ZIP	LAURINBURG NC		4.4 CITY-ST-ZIP		
TITLE	VT	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MACDONALD, DUNCAN		5.2 NAME		
STREET ADDRESS	PO BOX 1242 N/A		5.3 STREET ADDRESS		
CITY-ST-ZIP	EDGARTOWN MA 02539-1242		5.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MACNEAL, ETHEL K		6.2 NAME		
STREET ADDRESS	7 WYNDMOOR DR.		6.3 STREET ADDRESS		
CITY-ST-ZIP	MORRISTOWN NJ 07960-4631		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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.

SIGNATURE: [signature] QUINED 4/21/98 508-693-3135