


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90325 033 ****61.25

DOCUMENT # F95000001311
 1. Entity 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**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **51-0190849** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MCCABE, MARCIA 508 68TH ST. HOLMES BEACH FL 34217		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C MCLEOD, MALCOLM UNIVERSITY OF GLASGOW GLASGOW, SCOTLAND <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Cale Baird, Sr. <input type="checkbox"/> Change <input type="checkbox"/> Addition 2708 S. Hooker Denver CO 80236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCABE, MARCIA 508 68TH STREET HOLMES BEACH FL 34217 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Thomas M. Brownlee <input type="checkbox"/> Change <input type="checkbox"/> Addition 200 Cambridge Dr. Winter Park FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURRAY, EVELYN 37-BLANCHARD ROAD CAMBRIDGE MA 02138-1010 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mrs/Davod Fernald <input type="checkbox"/> Change <input type="checkbox"/> Addition 6920W. Country Club Dr. Sarasota FL 34243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONNOR, JOHN A 700 JOHN RINGLING BLVD SARASOTA FL 34236 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Scott Bushey <input type="checkbox"/> Change <input type="checkbox"/> Addition 340 S. Palm Ave. Sarasota FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT MACDONALD, DUNCAN PO BOX 1242 N/A EDGARTOWN MA 02539-1242 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mrs. Thelma D. Hawkins <input type="checkbox"/> Change <input type="checkbox"/> Addition 199 Upper Mountain Ave. Montclair NJ 07042
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCWILLIAM, ROBERT 516 E. DAY AVE MILWAUKEE WI 53217 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mr. Robt. W. Murdoch <input type="checkbox"/> Change <input type="checkbox"/> Addition 920 Prospect Dr. Pittsburgh PA 15227

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Duncan MacDonald* **Duncan MacDonald, ExecVP&Treas.** 4/21/05 508-693-3135

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #