## 2024 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**DOCUMENT# 741265** 

Entity Name: THE SCOTTISH-AMERICAN SOCIETY OF CENTRAL FLORIDA,

INC

**Current Principal Place of Business:** 

529 LEGACY PARK DRIVE CASSELBERRY, FL 32707-2405

**Current Mailing Address:** 

P.O. BOX 915355

LONGWOOD, FL 32791-5355 US

FEI Number: 59-2824066 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MCGREW, CHARLES 532 TIMBER RIDGE DRIVE LONGWOOD, FL 32779 US

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: CHARLES MCGREW 05/09/2024

Electronic Signature of Registered Agent

Date

FILED May 09, 2024

Secretary of State 3502103843CC

Officer/Director Detail:

Title **DIRECTOR** Title DIRECTOR, TREASURER Name MCGREW. CHARLES Name CHESTER, JILLANNE Address 529 LEGACY PARK DRIVE Address 103 WAYLAND CIR. LONGWOOD FL 32779 City-State-Zip: CASSELBERRY FL 32727-2405 City-State-Zip:

Title DIRECTOR, VP Title DIRECTOR, SECRETARY

Name GOUGE, TIMOTHY Name COOK, ANYAH

Address 214 LA PAZ DRIVE Address 1002 CHANLON COURT

City-State-Zip: KISSIMMEE FL 34743 City-State-Zip: OVIEDO FL 32765

Title DIRECTOR Title DIRECTOR

Name PRUITT, ROBERT ENNIS Name RIVERA, CATHY CAROL

Address 5336 RISHLEY RUN WAY Address 710 SOUTH HAMPTON AVENUE

City-State-Zip: MT. DORA FL 32757 City-State-Zip: ORLANDO FL 32803

Title DIRECTOR Title DIRECTOR, PRESIDENT

Name VEHEC, KENNETH DR. Name BARRETT, CHERYL LYNN

Address 1631 ROSE GARDEN LANE Address 509 SW COLLEGE PARK ROAD

City State Zin: PORT ST. LUCIE EL 24053

City-State-Zip: ORLANDO FL 32825 City-State-Zip: PORT ST. LUCIE FL 34953

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I hereby 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 all other like empowered.

SIGNATURE: CHARLES MCGREW DIRECTOR 05/09/2024

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

Title DIRECTOR Title DIRECTOR

Name POWERS, JENNIFER GILLEECE Name WADSWORTH, LANE

Address 1750 GLENCOE ROAD Address 18 GUMTREE CT.

City-State-Zip: WINTER PARK FL 32789 City-State-Zip: WINTER SPRINGS FL 32708