

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 741265

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

**FILED**  
**Jan 24, 2015**  
**Secretary of State**  
**CC1591673090**

**Current Principal Place of Business:**

532 TIMBER RIDGE DRIVE  
LONGWOOD, FL 32779

**Current Mailing Address:**

P.O. BOX 915355  
LONGWOOD, FL 32779 US

**FEI Number: 59-2824066**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

WINTER, GLEN E  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DV  
Name MCGREW, CHARLES  
Address 529 LEGACY PARK DRIVE  
City-State-Zip: CASSELBERRY FL 32727-2405

Title TD  
Name WINTER, GLEN E  
Address 532 TIMBER RIDGE DRIVE  
City-State-Zip: LONGWOOD FL 32779

Title PD  
Name CRAWFORD, WOODROW  
Address 805 EAST HARWOOD  
City-State-Zip: ORLANDO FL 32803

*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: GLEN E. WINTER**

**TREASURER**

**01/24/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date