

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741265

Entity Name: THE SCOTTISH-AMERICAN SOCIETY OF CENTRAL FLORIDA, INC.**FILED**
Feb 02, 2022
Secretary of State
6633658683CC**Current Principal Place of Business:**532 TIMBER RIDGE DRIVE
LONGWOOD, FL 32779**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:**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	DIRECTOR, PRESIDENT
Name	MCGREW, CHARLES
Address	529 LEGACY PARK DRIVE
City-State-Zip:	CASSELBERRY FL 32727-2405

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

Title	DIRECTOR, VP
Name	GOUGE, TIMOTHY
Address	214 LA PAZ DRIVE
City-State-Zip:	KISSIMMEE FL 34743

Title	DIRECTOR, SECRETARY
Name	COOK, ANYAH
Address	1002 CHANLON COURT
City-State-Zip:	OVIEDO FL 32765

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****02/02/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date