


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90102 029 ****70.00

DOCUMENT # 740864 1. Entity Name THE CLAN STEWART SOCIETY IN AMERICA, INCORPORATED			
Principal Place of Business 1700 SOSCOL AVE 20 NAPA, CA 94559 US		Mailing Address 1700 SOSCOL AVE 20 NAPA, CA 94559 US	
2. Principal Place of Business 296 BERRYESSA DRIVE		3. Mailing Address P.O. BOX 1436	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State VACAVILLE, CA		City & State VACAVILLE, CA	
Zip 95687-4928		Zip 95686-1436	
Country USA		Country USA	
4. FEI Number 59-1855758		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GRAY, JAMES S.M. 45 WEST SMITH STREET WINTER GARDEN, FL 34787		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <div style="text-align: right;">DATE _____</div>			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
\$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 SD NAME WALKER, ROBIN S STREET ADDRESS 6609 DICK FORD LANE CITY-ST-ZIP KNOXVILLE, TN 37920	<input checked="" type="checkbox"/> Delete	TITLE SD NAME HANSEN, JAN L STREET ADDRESS 2943 S. COLUMBUS STREET CITY-ST-ZIP ARLINGTON, VA 22206-1412	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE PDA NAME STEWART, ALVIN E STREET ADDRESS 296 BERRYESSA DRIVE CITY-ST-ZIP VACAVILLE, CA 956874928	<input type="checkbox"/> Delete	TITLE TD NAME STEWART, ALVIN E. STREET ADDRESS P.O. BOX 1436 CITY-ST-ZIP VACAVILLE, CA 95686-1436	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD NAME STEWART, FRED M STREET ADDRESS 404 MUSTANG DRIVE CITY-ST-ZIP SAGINAW, TX 76179	<input type="checkbox"/> Delete	TITLE PDA NAME STEWART, FRED M. STREET ADDRESS 404 MUSTANG DRIVE CITY-ST-ZIP SAGINAW, TX 76179	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME STEWART, JOHN D STREET ADDRESS 6 KELLEBREW CT CITY-ST-ZIP NAPA, CA 945582515	<input checked="" type="checkbox"/> Delete	TITLE VD NAME MACLEAY, DONALD L. STREET ADDRESS 897 LEECLAND ROAD CITY-ST-ZIP FRED RICKS BLVD, VA 22405	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>[Signature]</i> TREASURER		23 FEB 2006	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
Daytime Phone #		707-448-5826	