


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Jun 12, 2006 8:00 am**  
**Secretary of State**

06-12-2006 90004 034 \*\*\*\*61.25

**DOCUMENT # 768674**  
 1. Entity Name  
 SCOTTISH AMERICAN SOCIETY OF DUNEDIN, INC.



Principal Place of Business: SCOTTISH AMERICAN SOC. 917 LOUDEN AVE DUNEDIN FL 34698  
 Mailing Address: SCOTTISH AMERICAN SOC. PO BOX 2606 DUNEDIN FL 34697



2. Principal Place of Business: Suite, Apt. #, etc. City & State Zip Country  
 3. Mailing Address: Suite, Apt. #, etc. City & State Zip Country

1st MOORE CR2E037 (10/05)

6. Name and Address of Current Registered Agent  
 PEIRSON, SUSAN E  
 1737 SANTA BARBARA DR  
 DUNEDIN FL 34698

4. FEI Number: 59-2328682 Applied For: Not Applicable  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent  
 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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and (if applicable) (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**Due By: May 1, 2006**

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

TITLE: <i>DVP Recording</i>	<input type="checkbox"/> Delete
NAME: FINNIE, DORIS	
STREET ADDRESS: 1041 SUTTON PLACE	
CITY-ST-ZIP: PALM HARBOR FL 34684	
TITLE: T	<input type="checkbox"/> Delete
NAME: PEIRSON, SUSAN E	
STREET ADDRESS: 1737 SANTA BARBARA DR	
CITY-ST-ZIP: DUNEDIN FL 34698	
TITLE: PPTR	<input type="checkbox"/> Delete
NAME: PEIRSON, ROBERT J	
STREET ADDRESS: 1737 SANTA BARBARA DR	
CITY-ST-ZIP: DUNEDIN FL 34698	
TITLE: PPTR	<input type="checkbox"/> Delete
NAME: STULTZ, DELORES M	
STREET ADDRESS: 12618 97TH ST N	
CITY-ST-ZIP: LARGO FL 33773	
TITLE: SC	<input type="checkbox"/> Delete
NAME: COPLAND, MARGARET	
STREET ADDRESS: 2311 BRISBANE ST., #57	
CITY-ST-ZIP: CLEARWATER FL 33763-3507	
TITLE: P	<input type="checkbox"/> Delete
NAME: FINNIE, ALFRED	
STREET ADDRESS: 1041 SUTTON PLACE	
CITY-ST-ZIP: PALM HARBOR FL 34684	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: <i>Recording Secretary</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: <i>Correspondence Secretary</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Susan E. Peirson* 6/6/06 727-341-3228