

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768674

FILED
Apr 30, 2008
Secretary of State

Entity Name: SCOTTISH AMERICAN SOCIETY OF DUNEDIN, INC.

Current Principal Place of Business:

SCOTTISH AMERICAN SOC.
917 LOUDEN AVE
DUNEDIN, FL 34698

New Principal Place of Business:

Current Mailing Address:

SCOTTISH AMERICAN SOC.
PO BOX 2606
DUNEDIN, FL 34697

New Mailing Address:

FEI Number: 59-2328682 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WAGUS, ROBERT B
11718 PARKVIEW LANE
SEMINOLE, FL 33772 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: THOMSON, CATHERINE
Address: 1500 CR1, UNIT 48
City-St-Zip: DUNEDIN, FL 34698

Title: T () Delete
Name: WAGUS, ROBERT B
Address: 11718 PARKVIEW LANE
City-St-Zip: SEMINOLE, FL 33772

Title: PPTR () Delete
Name: FINNIE, ALFRED
Address: 1041 SUTTON PLACE
City-St-Zip: PALM HARBOR, FL 34684

Title: PPTR () Delete
Name: STULTZ, DELORES M
Address: 12618 97TH ST N
City-St-Zip: LARGO, FL 33773

Title: S () Delete
Name: WAGUS, IVA
Address: 11718 PARKVIEW LANE
City-St-Zip: SEMINOLE, FL 33772

Title: P () Delete
Name: BROOKS, CLIFFORD
Address: 585 SKY HARBOR DRIVE, LOT 114
City-St-Zip: CLEARWATER, FL 33759

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ROBERT B. WAGUS

T

04/30/2008

Electronic Signature of Signing Officer or Director

_____ Date