

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # 769667

1. Entity Name

SCOTTISH AMERICAN SOCIETY OF SOUTH FLORIDA,
INC.



**FILED
May 29, 2007 8:00 am
Secretary of State**

05-29-2007 90042 024 ****61.25



1st MOORE CR2E037 (10/06)

Principal Place of Business		Mailing Address	
1301 NW 99TH AVE PLANTATION FL 33322		P.O.BOX 245926 PEMBROKE PINES FL 33024-5926 US	
2. Principal Place of Business - No P.O. Box # <i>AS ABOVE</i> Suite, Apt. #, etc.		3. Mailing Address <i>AS ABOVE</i> Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent MACDONALD, NIGEL 1301 NW 99TH AVENUE PLANTATION FL 33322			
7. Name and Address of New Registered Agent Name <i>SAME</i> Street Address (P.O. Box Number is Not Acceptable) City <i>FL</i> 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	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 NAME STREET ADDRESS CITY-ST-ZIP	P MCWILLIAM, MAUREEN 11692 NW 20TH DRIVE CORAL SPRINGS FL 33071	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>SAME</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUCHANAN, PETER 1611 NW 85TH TERRACE PLANTATION FL 33317	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>VP</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUCHANAN, NAN 1611 NW 85TH TERRANCE PLANTATION FL 33317	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>SAME</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RITCHIE, ROBERT 304 SW 6TH STREET HALLANDALE FL 33009	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>TREASURER</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCWILLIAM, IAIN 11692 NW 20TH DR. CORAL SPRINGS FL 33071	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>NIGEL MAC DONALD 1301 NW 99AVR PLANTATION, FL 33322</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALBRITTON, WANDA 9 MELROSE DRIVE MIAMI FL 33116	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>IAIN CURRIE 18175-49TH TERR NORTH JUPITER, FL 33458</i>

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: *Robert A. Ritchie* - ROBERT A. RITCHIE 4/30/07 754-368-0614
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #