

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769667

FILED
Apr 19, 2011
Secretary of State

Entity Name: SCOTTISH AMERICAN SOCIETY OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

1121 NE 13 AVENUE
FORT LAUDERDALE, FL 33304

New Principal Place of Business:

Current Mailing Address:

1121 NE 13 AVENUE
FORT LAUDERDALE, FL 33304

New Mailing Address:

FEI Number: 59-1778602

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MACDONALD, NIGEL
1301 NW 99TH AVENUE
PLANTATION, FL 33322 US

Name and Address of New Registered Agent:

CAMPBELL, RENEE
1121 NE 13 AVENUE
FORT LAUDERDALE, FL 33304 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: RENEE CAMPBELL

04/19/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP
Name: SWACKHAMMER, VICTOR
Address: 5615 FORREST STREET
City-St-Zip: HOLLYWOOD, FL 33021

Title: D
Name: CAMPBELL, DAVID
Address: 1121 NE 13 AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: D
Name: SLAVIN, MIKE
Address: 10483 SW 54 STREET
City-St-Zip: COOPER CITY, FL 33328

Title: P
Name: RITCHIE, ROBERT
Address: 304 SW 6TH STREET
City-St-Zip: HALLANDALE, FL 33009

Title: T
Name: CAMPBELL, RENEE
Address: 1121 N.E. 13 AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: S
Name: WEST, FAYE
Address: 1121 NE 13 AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33304

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: RENEE CAMPBELL

TREA

04/19/2011

Electronic Signature of Signing Officer or Director

Date