


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2005 8:00 am**  
**Secretary of State**

02-07-2005 90052 047 \*\*\*\*61.25

<b>DOCUMENT # F04000006781</b> 1. Entity Name <b>CLAN MACKAY SOCIETY USA, INC.</b>					
Principal Place of Business <b>7015 PALMETTO LANE TAMPA, FL 33604</b>			Mailing Address <b>7015 PALMETTO LANE TAMPA, FL 33604</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
5. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>MACKAY, JAMES T 7015 PALMETTO LANE TAMPA, FL 33604</b>				Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MCKAY, DAVID R</b>		NAME		
STREET ADDRESS	<b>5461 POPLAR DRIVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MONROE, MI 48161</b>		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>HOWARD, JONATHAN</b>		NAME		
STREET ADDRESS	<b>6427 ESTELLE ST.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>SAN DIEGO, CA 92115</b>		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>TAMASI, RUTH</b>		NAME		
STREET ADDRESS	<b>4991 KARL'S GATE DR.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MARIETTA, GA 30068</b>		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>CROWDER, PEGGY</b>		NAME	<b>MARY ANN MCKAY</b>	
STREET ADDRESS	<b>3570 CHIPLEY HWY</b>		STREET ADDRESS	<b>9501 E. FLANDERS DR</b>	
CITY-ST-ZIP	<b>WARM SPRINGS, GA 31830</b>		CITY-ST-ZIP	<b>MESA, AZ</b>	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE:</b> <u><i>James T. Mackay</i></u> <b>JAMES T. MACKAY</b> <b>4 FEB'05</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

