## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F04000006781

Entity Name: CLAN MACKAY SOCIETY USA, INC.

FILED Mar 13, 2009 Secretary of State

7015 PALMETTO LANE 346 HAWSER LANE TAMPA, FL 33604 NAPLES, FL 34102

Current Mailing Address: New Mailing Address:

7015 PALMETTO LANE 346 HAWSER LANE TAMPA, FL 33604 NAPLES, FL 34102

FEI Number: 20-1987040 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MACKAY, JAMES T
7015 PALMETTO LANE
TAMPA, FL 33604 US
MCGEE, DONALD H DR.
346 HAWSER LANE
NAPLES, FL 34102 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: DONALD H. MCGEE 03/13/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: MS. (X) Change ( ) Addition Name: MCKAY, DAVID R Name: SANDELIER, MICHELLE

Name: MCKAY, DAVID R Name: SANDELIER, MICHELLE
Address: 5461 POPLAR DRIVE Address: 31 STATE STREET
City-St-Zip: MONROE, MI 48161 City-St-Zip: PRESQUE ISLE, ME 75229

 $\label{eq:times} {\sf Title:} \qquad {\sf V} \qquad {\sf (X) \ Delete} \qquad \qquad {\sf Title:} \qquad {\sf ( \ ) \ Change \ ( \ ) \ Addition}$ 

 Name:
 SANDELIER, MICHELLE
 Name:

 Address:
 31 STATE STREET
 Address:

 City-St-Zip:
 PREAQUE ISLE, ME 75229
 City-St-Zip:

Title: S ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 DIETRICH, LESLIE
 Name:

 Address:
 12216 SW 26TH ST
 Address:

 City-St-Zip:
 YUKON, OK 73009
 City-St-Zip:

Title: T ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 MCKAY, MARY ANN
 Name:

 Address:
 9501 E. FLANDERS DR
 Address:

 City-St-Zip:
 MESA, AZ
 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: DONALD H. MCGEE DR. 03/13/2009