

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90325 033 ****61.25

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1. Entity Name

THE CALEDONIAN FOUNDATION USA, INC.

Principal Place of Business

PO BOX 1242
EDGARTOWN MA 02539-1242

Mailing Address

PO BOX 1242
EDGARTOWN MA 02539-1242

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

51-0190849

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCCABE, MARCIA
508 68TH ST.
HOLMES BEACH FL 34217

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
C
MCLEOD, MALCOLM
UNIVERSITY OF GLASGOW
GLASGOW, SCOTLAND ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MCCABE, MARCIA
508 68TH STREET
HOLMES BEACH FL 34217 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MURRAY, EVELYN
37-BLANCHARD ROAD
CAMBRIDGE MA 02138-1010 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CONNOR, JOHN A
700 JOHN RINGLING BLVD
SARASOTA FL 34236 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VT
MACDONALD, DUNCAN
PO BOX 1242 N/A
EDGARTOWN MA 02539-1242 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
MCWILLIAM, ROBERT
516 E. DAY AVE
MILWAUKEE WI 53217 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Cale Baird, Sr.
2708 S. Hooker
Denver CO 80236 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Thomas M. Brownlee
200 Cambridge Dr.
Winter Park FL 32789 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Mrs/Davod Fernald
6920W. Country Club Dr.
Sarasota FL 34243 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Scott Bushey
340 S. Palm Ave.
Sarasota FL 34236 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Mrs. Thelma D. Hawkins
199 Upper Mountain Ave.
Montclair NJ 07042 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Mr. Robt. W. Murdoch
920 Prospect Dr.
Pittsburgh PA 15227 ☐ Change ☐ Addition

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.

SIGNATURE: *Duncan MacDonald*

Duncan MacDonald, ExecVP&Treas. 4/21/05 508-693-3135

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #