

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90065 039 ****61.25

DOCUMENT # F95000001311

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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03162008

Chg-NP

CR2E037 (12/06)

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

**Filing Fee is \$61.25
Due by May 1, 2008**

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

TITLE **EVPT** ☐ Delete
NAME **MACDONALD, DUNCAN MISS**
STREET ADDRESS **POB 1242**
CITY-ST-ZIP **EDGARTOWN, MA 02539**

TITLE **S** ☐ Delete
NAME **MCCABE, MARCIA MISS**
STREET ADDRESS **508 68TH ST**
CITY-ST-ZIP **BRADENTON BEACH, FL 34217**

TITLE **AT** ☐ Delete
NAME **BUSHEY, A. SCOTT**
STREET ADDRESS **340 W PALM AVE**
CITY-ST-ZIP **SARASOTA, FL 34236**

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

TITLE **D** ☐ Delete
NAME **BROWNLEE, THOS M MR**
STREET ADDRESS **200 CAMBRIDGE DR**
CITY-ST-ZIP **WINTER PARK, FL 32789**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition
NAME **Adams, Byron**
STREET ADDRESS **105 Willoughby Drive**
CITY-ST-ZIP **Williamsburg VA 23185**

TITLE ☐ Change ☒ Addition
NAME **MacDonald, Miss Duncan**
STREET ADDRESS **Street address: 86 State Road**
CITY-ST-ZIP **Vineyard Haven MA02568**

TITLE **D** ☐ Change ☒ Addition
NAME **Robert Murdoch**
STREET ADDRESS **920 Prospect Road**
CITY-ST-ZIP **Pittsburgh PA 15227**

TITLE **D** ☐ Change ☒ Addition
NAME **Mrs. David Fernald**
STREET ADDRESS **700 John Ringling Blvd.**
CITY-ST-ZIP **Sarasota FL 34236**

TITLE **D** ☐ Change ☒ Addition
NAME **Dr. Robert J. Munro**
STREET ADDRESS **3733 NW 49th Lane**
CITY-ST-ZIP **Gainesville FL 32605**

TITLE **D** ☐ Change ☒ Addition
NAME **Clark Scott**
STREET ADDRESS **3018 Hunt Road**
CITY-ST-ZIP **Oakton VA 22124**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Murdoch* Exec VP & Treas.

3/20/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #