2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2004
Secretary of State

DOCUMENT# N01000005063

Entity Name: SOUTHERN UNITED STATES PIPE BAND ASSOCIATION, INC.

Current Principal Place of Business:

162 KENSINGTON PARK DR.
DAVENPORT, FL 33897

New Principal Place of Business:

Current Mailing Address:

162 KENSINGTON PARK DR.
DAVENPORT, FL 33897

New Mailing Address:

FEI Number: 65-1119865 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LONGPHEE, MARGARET J
162 KENSINGTON PARK DR.
DAVENPORT, FL 33897 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: KEITH, SANDY
Address: 1984 VALLEY DRIVE
City-St-Zip: DUNEDIN, FL 34698

Title: VPD ( ) Delete
Name: BARR, DENNIS
Address: 11 OKAPI LANE
City-St-Zip: ORLANDO, FL 32825

Title: VPD ( ) Delete
Name: MCCALLISTER, DAVID
Address: 8142 QUAIL HOLLOW RD
City-St-Zip: WESLEY CHAPEL, FL 33544

Title: TD ( ) Delete
Name: LONGPHEE, MARGARET
Address: 162 KENSINGTON PARK DR.
City-St-Zip: DAVENPORT, FL 33897

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MARGARET LONGPHEE TD 03/16/2004

Electronic Signature of Signing Officer or Director — Date