

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jun 22, 2009
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 DRIVE
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 TD
162 KENSINGTON PARK DRIVE
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 PD
Address: 1984 VALLEY DRIVE
City-St-Zip: DUNEDIN, FL 33897**Title:** VPD () Delete
Name: MCLAIN, STEVEN VPD
Address: 2750 SE 151ST AVENUE
City-St-Zip: MORRISTON, FL 33897**Title:** VPD () Delete
Name: ROSS, RICHARD VPD
Address: 1213 WINDING CHASE DR
City-St-Zip: WINTER SPRINGS, FL 33897**Title:** TD () Delete
Name: LONGPHEE, MARGARET TD
Address: 162 KENSINGTON PARK DR.
City-St-Zip: DAVENPORT, FL 33897**Title:** TD () Delete
Name: LONGPHEE, MARGARET TD
Address: 162 KENSINGTON PARK DRIVE
City-St-Zip: DAVENPORT, FL 33897**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PD (X) Change () Addition
Name: MCLAIN, STEVEN G PD
Address: 2750 SE 151ST AVENUE
City-St-Zip: MORRISTON, FL 32668**Title:** VPD (X) Change () Addition
Name: ROSS, RICHARD VPD
Address: 1213 WINDING CHASE DR
City-St-Zip: WINTER SPRINGS, FL 32708**Title:** VPD (X) Change () Addition
Name: GEDDES, JOHN VPD
Address: 7341 SW 10TH STREET
City-St-Zip: PLANTATION, FL 33317**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 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: MARGARET J LONGPHEE

TD

06/22/2009

Electronic Signature of Signing Officer or Director

Date