

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003557

FILED  
Feb 15, 2010  
Secretary of State

**Entity Name:** ST. ANDREW SCOTTISH SOCIETY SCHOLARSHIP FUND, INC.

**Current Principal Place of Business:**

534 LUMINARY BLVD.  
OSPREY, FL 34229 US

**New Principal Place of Business:**

**Current Mailing Address:**

534 LUMINARY BLVD.  
OSPREY, FL 34229 US

**New Mailing Address:**

**FEI Number:** 04-3666660

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

MACMILLAN, DAVID B MD  
534 LUMINARY BLVD.  
OSPREY, FL 34229 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:** P  
**Name:** MACMILLAN, DAVID B MD  
**Address:** 534 LUMINARY BLVD..  
**City-St-Zip:** OSPREY, FL 34229

**Title:** VP  
**Name:** CRAIG, DENNIS  
**Address:** PO BOX 941  
**City-St-Zip:** PLACIDA, FL 33946 US

**Title:** S  
**Name:** NEUSS, TERRY  
**Address:** 8366 SHADOW PINE WAY  
**City-St-Zip:** SARASOTA, FL 34238 US

**Title:** T  
**Name:** KEMP, DIANE  
**Address:** 4312 PRO AM AVE. EAST  
**City-St-Zip:** BRADENTON, FL 34203 US

**Title:** T  
**Name:** CRAIG, CHARLES  
**Address:** 6160 CANDLEWOOD WAY  
**City-St-Zip:** SARASOTA, FL 34243 US

**Title:** T  
**Name:** WILLIAMS, JOHN  
**Address:** 6519 WINDJAMMER PLACE  
**City-St-Zip:** BRADENTON, FL 34202 US

I hereby 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 all other like empowered.

**SIGNATURE:** DAVID B. MACMILLAN, MD

P

02/15/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date