

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003557

FILED
Mar 11, 2011
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:

14746 INGRAHAM BLVD.
PORT CHARLOTTE, FL 33981 US

Current Mailing Address:

534 LUMINARY BLVD.
OSPREY, FL 34229 US

New Mailing Address:

PO BOX 2592
SARASOTA, FL 34230 US

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:

CRAIG, DENNIS
14746 INGRAHAM BLVD.
PORT CHARLOTTE, FL 33981 US

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: DENNIS CRAIG

03/11/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PP
Name: MACMILLAN, DAVID
Address: 534 LUMINARY BLVD.
City-St-Zip: OSPREY, FL 34229

Title: VP
Name: HAHN, DANE
Address: 500 BOXWOOD LANE
City-St-Zip: ENGLEWOOD, FL 34223 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: DAVIES, JOEL
Address: 3360 BENEVA #113
City-St-Zip: SARASOTA, FL 34232 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 MACMILLAN, MD

PP

03/11/2011

Electronic Signature of Signing Officer or Director

Date