

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 10, 2005
Secretary of State**

DOCUMENT# N02000004896

Entity Name: HARP & THISTLE PIPE BAND OF SOUTHWEST FLORIDA, INC.

Current Principal Place of Business:

New Principal Place of Business:

20818 PINEHURST GREENS DR.
ESTERO, FL 33928

Current Mailing Address:

New Mailing Address:

20818 PINEHURST GREENS DR.
ESTERO, FL 33928

FEI Number: 04-3694088

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

GOLLER, DONALD E
20818 PINEHURST GREENS DR.
ESTERO, FL 33928 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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: GOLLER, DONALD E
Address: 20818 PINEHURST GREEN DR.
City-St-Zip: ESTERO, FL 33928

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

Title: DVP () Delete
Name: HARRISON, PETER
Address: PO BOX 100095
City-St-Zip: CAPE CORAL, FL 33910

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

Title: DS () Delete
Name: CANNON, SANDRA
Address: 1928 SPRING BORRY CIR.
City-St-Zip: NAPLES, FL 34109

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

Title: TD () Delete
Name: WILSON, CAROLYN M
Address: PO BOX 73
City-St-Zip: BOKEELIA, FL 33922

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: CAROLYN M WILSON

TD

01/10/2005

Electronic Signature of Signing Officer or Director

Date