2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004896

FILED Apr 06, 2009 Secretary of State

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

Current Principal Place of Business:	New Principal Place of Business:

20818 PINEHURST GREENS DR. 19295 LA SERENA DRIVE ESTERO, FL 33928 ESTERO, FL 33967

Current Mailing Address: New Mailing Address:

20818 PINEHURST GREENS DR. 19295 LA SERENA DRIVE ESTERO, FL 33928 ESTERO, FL 33967

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
GOLLER, DONALD E
19295 LA SERENA DRIVE
ESTERO, FL 33967 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: 04/06/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP () Delete Title: DP (X) Change () Addition

 Name:
 GOLLER, DONALD E
 Name:
 GOLLER, DONALD E

 Address:
 20818 PINEHURST GREEN DR.
 Address:
 19295 LA SERENA DR.

 City-St-Zip:
 ESTERO, FL 33928
 City-St-Zip:
 ESTERO, FL 33967

Title: DVP () Delete Title: () Change () Addition

 Name:
 HARRISON, PETER
 Name:

 Address:
 PO BOX 100095
 Address:

 City-St-Zip:
 CAPE CORAL, FL 33910
 City-St-Zip:

Title: TD () Delete Title: () Change () Addition

 Name:
 WITTEMAN, APRIL
 Name:

 Address:
 26898 PIVA COURT
 Address:

 City-St-Zip:
 BONITA SPRINGS, FL 34135
 City-St-Zip:

Title: DS () Delete Title: () Change () Addition

 Name:
 ANDERSON, MICHAEL
 Name:

 Address:
 423 SE 12TH COURT
 Address:

 City-St-Zip:
 CAPE CORAL, FL 33990
 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: DONALD E. GOLLER DP 04/06/2009