

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

01-14-2008 90108 010 ****61.25
N07000009996

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N07000009996 1. Entity Name SCOTTISH HERITAGE SOCIETY OF ST. PETERSBURG, INC.					
Principal Place of Business 501 COFFEE POT RIVIERA NORTHEAST ST. PETERSBURG, FL 33704			Mailing Address 501 COFFEE POT RIVIERA NORTHEAST ST. PETERSBURG, FL 33704		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WALLACE, PETER R 259 THIRD STREET NORTH ST. PETERSBURG, FL 33701				Name Street Address (P.O. Box Number is Not Acceptable) City	
				State FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when renewing) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	RICHARDS, ARDITH R		NAME		
STREET ADDRESS	200 RAFAEL BLVD. NORTHEAST		STREET ADDRESS		
CITY-STATE-ZIP	ST. PETERSBURG, FL 33704		CITY-STATE-ZIP		
TITLE	D ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	RUTLAND, ARDITH C		NAME		
STREET ADDRESS	501 COFFEE POT RIVIERA NORTHEAST		STREET ADDRESS		
CITY-STATE-ZIP	ST. PETERSBURG, FL 33704		CITY-STATE-ZIP		
TITLE	D ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	MARR, NORVAL M JR.		NAME		
STREET ADDRESS	501 COFFEE POT RIVIERA NORTHEAST		STREET ADDRESS		
CITY-STATE-ZIP	ST. PETERSBURG, FL 33704		CITY-STATE-ZIP		
TITLE	D ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	LONG, ANNE		NAME		
STREET ADDRESS	1400 BRIGHTWATERS BLVD. NORTHEAST		STREET ADDRESS		
CITY-STATE-ZIP	ST. PETERSBURG, FL 33704		CITY-STATE-ZIP		
TITLE	D ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	RAYMOND, JANET M		NAME		
STREET ADDRESS	201 CORDOVA BLVD. NORTHEAST		STREET ADDRESS		
CITY-STATE-ZIP	ST. PETERSBURG, FL 33704		CITY-STATE-ZIP		
TITLE	D ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	FRASER, WAYNE		NAME		
STREET ADDRESS	750 - 71ST TERRACE SOUTH		STREET ADDRESS		
CITY-STATE-ZIP	ST. PETERSBURG, FL 33705		CITY-STATE-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Norval M. Marr Jr</i> NORVAL M. MARR JR 11/6/08 727 895005					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					