

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90304 016 ****70.00

DOCUMENT # N20264

1. Entity Name
CLAN GILLEAN USA INC.



30000011

Principal Place of Business
**P.O. BOX 23675
KNOXVILLE, TN 37933-1675**

Mailing Address
**P.O. BOX 23675
KNOXVILLE, TN 37933-1675**

2. Principal Place of Business
PO Box 660332
Suite, Apt. #, etc.

3. Mailing Address
PO Box 660332
Suite, Apt. #, etc.

05032006 Chg-NP CR2E037 (4/06)

City & State
VESTAVIA HILLS, AL
Zip
35266 Country
USA

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VESTAVIA HILLS AL
Zip
35266 Country
USA

4. FEI Number
56-0836635 Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FORSMAN, ROBERT H.
4010 OAK HAMMOCK LANE
FT. PIERCE, FL 34981**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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 **ROBERT H. FORSMAN, CONVENOR, CLAN GILLEAN, USA**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

5/01/2006
DATE

**Filing Fee is \$61.25
Due by September 6, 2006**

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

TITLE **PD** ☒ Delete
NAME **LANE, KIRK**
STREET ADDRESS **742 LAKEWOOD DRIVE**
CITY-ST-ZIP **JEFFERSON, TN 37760**

TITLE **TD** ☒ Delete
NAME **WADDELL, SAMUEL J**
STREET ADDRESS **10820 SONJA DRIVE**
CITY-ST-ZIP **KNOXVILLE, TN 37922**

TITLE **VP** ☒ Delete
NAME **HICKS, CLAUDE W**
STREET ADDRESS **3072 ASHBY DR**
CITY-ST-ZIP **MACON, GA 31204**

TITLE **SD** ☐ Delete
NAME **MCLEAN, BETSY R**
STREET ADDRESS **148 JONES FRANKLIN RD**
CITY-ST-ZIP **RALEIGH, NC 276061514**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **CLAUDE W. Hicks, Jr**
STREET ADDRESS **PO Box 48**
CITY-ST-ZIP **MACON, GA 31202**

TITLE **TREASURER** ☒ Change ☐ Addition
NAME **PAUL HUEY FRANKLIN**
STREET ADDRESS **PO BOX 660332**
CITY-ST-ZIP **VESTAVIA HILLS, AL 35266**

TITLE **VICE-PRESIDENT** ☒ Change ☐ Addition
NAME **ROBERT S. MCLEAN**
STREET ADDRESS **1333 PINE TRAIL**
CITY-ST-ZIP **CLAYTON, NC 27520**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PAST-PRESIDENT** ☐ Change ☒ Addition
NAME **O. KIRK LANE**
STREET ADDRESS **742 LAKEWOOD DR**
CITY-ST-ZIP **JEFFERSON, TN 37660**

TITLE **PRESIDENT EMERITUS** ☐ Change ☒ Addition
NAME **CLARENCE N. GREEK**
STREET ADDRESS **2519 REGENCY PARK DR**
CITY-ST-ZIP **MURFREESBORO, TN 37129**

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 **PAUL HUEY FRANKLIN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/01/2006 205-542-7647
Date Daytime Phone #