

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N21694

1. Entity Name
ROYAL CALEDONIAN MUSIC SOCIETY, INC.



Principal Place of Business

11516 SW 59 CT
COOPER CITY, FL 33330 US

Mailing Address

11516 SW 59 CT
COOPER CITY, FL 33330 US

FILED
Apr 06, 2005 08:00 AM
Secretary of State



02282005 No Chg-NP

CR2E037 (10/03)

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4. FEI Number

65-0345070

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

5. Name and Address of Current Registered Agent

PATTERSON KEVIN
11516 SW 59 CT
COOPER CITY, FL 33330

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAWSON, ROBERT 1750 NW 85TH AVENUE PEMBROKE PINES, FL 33024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS PATTERSON, KEVIN 11516 SW 59 CT COOPER CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HUBBARD, DOUG 6155 ASTORIA DR. LAKE WORTH, FL 33463
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/06/05-80048-006 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kevin A. Patterson
March 26, 2005

Date

Daytime Phone #

561-
735-3533

KEVIN A. PATTERSON