

**2006 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
Mar 22, 2006 08:00 A
Secretary of State



03132006 No Chg-NP CR2E037 (11/05)

4. FEI Number **65-0345070** Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**PATTERSON KEVIN
11516 SW 59 CT
COOPER CITY, FL 33330**

**DO NOT WRITE
IN THIS SPACE**

6. 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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **LAWSON, ROBERT**
STREET ADDRESS **1750 NW 85TH AVENUE**
CITY-ST-ZIP **PEMBROKE PINES, FL 33024**

TITLE **DTS**
NAME **PATTERSON, KEVIN**
STREET ADDRESS **11516 SW 59 CT**
CITY-ST-ZIP **COOPER CITY, FL**

TITLE **DP**
NAME **HUBBARD, DOUG**
STREET ADDRESS **6155 ASTORIA DR.**
CITY-ST-ZIP **LAKE WORTH, FL 33463**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

1100000477756
04/06/06-80063-025 61.25

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:

Kevin A. Patterson **KEVIN A. PATTERSON**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/06
Date

561-735-353
Daytime Phone #

ext. 227