


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2004 8:00 am
Secretary of State

03-11-2004 90017 033 ****61.25

DOCUMENT # N24730 1. Entity Name THE CLAN MACKENZIE SOCIETY IN THE AMERICAS, INC.					
Principal Place of Business 242 BENTBOUGH DRIVE LEESBURG, FL 34748 US			Mailing Address 242 BENTBOUGH DRIVE LEESBURG, FL 34748 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2952673	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MELUCCI, RICHARD A 242 BENTBOUGH DRIVE LEESBURG, FL 34748			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MACKENZIE, BLAIR L		NAME		
STREET ADDRESS	7028 BRADLEY CIR		STREET ADDRESS		
CITY-ST-ZIP	ANNANDALE, VA 22003		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MACKENZIE, BETH		NAME		
STREET ADDRESS	PO BOX 1585		STREET ADDRESS		
CITY-ST-ZIP	LOWELL, MA 01953		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MACKENZIE, A RUSSEL		NAME		
STREET ADDRESS	16920 AMBAUM BLVD S		STREET ADDRESS		
CITY-ST-ZIP	SEATTLE, WA		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MACKENZIE, PETER		NAME	B Donald McKenzie	
STREET ADDRESS	2625 OLD VILLA CT		STREET ADDRESS	P.O. Box 1294	
CITY-ST-ZIP	POWDER SPRINGS, GA		CITY-ST-ZIP	Pinehurst, NC 28370	
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCKENIZE, STEPHEN R		NAME		
STREET ADDRESS	3432 VIA PALMINO		STREET ADDRESS		
CITY-ST-ZIP	PALOS VERDES PENINSU, CA 90274		CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCKENIZE, GENE A		NAME		
STREET ADDRESS	101 JOHNSON ST., SE		STREET ADDRESS		
CITY-ST-ZIP	DECATUR, AL 35601		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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>A. Gene McKenzie</i> A. Gene McKenzie 3-9-04 256-353-0713 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

J4040010



03092004 Chg-NP CR2E037 (10/03)