

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25699

FILED
Apr 19, 2005
Secretary of State

Entity Name: ST. MARGARET OF SCOTLAND, INC.

Current Principal Place of Business:

8700 STATE RD 72
SARASOTA, FL 34241

New Principal Place of Business:

Current Mailing Address:

8700 STATE RD 72
SARASOTA, FL 34241

New Mailing Address:

FEI Number: 65-0226284

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALK, EVERETT, P (REV)
8700 STATE RD. 72
5138 SUMMERWOOD CT (HOME)
SARASOTA, FL 34241 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BRETZ, CORLISS
Address: 6324 STARBRIDGE CT.
City-St-Zip: SARASOTA, FL 34238

Title: T () Delete
Name: JEFFERDS, DENNIS
Address: 3006 82ND WAY E.
City-St-Zip: SARASOTA, FL 34243

Title: D () Delete
Name: CLEARIE, DREW
Address: 4935 FALLCREST CR.
City-St-Zip: SARASOTA, FL 34233

Title: D () Delete
Name: WALK, EVERETT P
Address: 5138 SUMMERWOOD CT.
City-St-Zip: SARASOTA, FL 35233

Title: S () Delete
Name: ROBERTS, PAMALA S
Address: 4837 OLD RANCH ROAD
City-St-Zip: SARASOTA, FL 34241

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CLEARIE, DREW
Address: 4935 FALLCREST CR
City-St-Zip: SARASOTA, FL 34233

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: BREWER, AMY
Address: 5002 COCO PLUM WAY
City-St-Zip: SARASOTA, FL 34241

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAMALA S. ROBERTS

S

04/19/2005

Electronic Signature of Signing Officer or Director

Date