

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N28029 (9)**

1. Corporation Name  
**THE CLAN MAC ARTHUR SOCIETY, INC.**



Principal Place of Business	Mailing Address
C/O IVAN A. MAC ARTHUR 2616 CARAMBOLA CIRCLE NORTH COCONUT CREEK FL 33066	C/O IVAN A. MAC ARTHUR 2616 CARAMBOLA CIRCLE NORTH COCONUT CREEK FL 33066

3. Date Incorporated or Qualified <b>08/24/1988</b>	3a. Date of Last Report <b>06/09/1995</b>
--	--

21. Principal Place of Business <b>24479 AUDUBON DR</b>	2a. Mailing Address <b>24479 AUDUBON DR</b>
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State <b>BROOKSVILLE, FL</b>	28. City & State <b>BROOKSVILLE FL</b>
24. Zip <b>34601</b>	25. Country <b>USA</b>
29. Zip <b>34601</b>	30. Country <b>USA</b>

4. FEI Number <b>54-1195760</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**RUCKDESCHEL, CHRISTINE  
24479 AUDUBON DR  
BROOKSVILLE FL 34601**

10. Name and Address of New Registered Agent

81 Name <b>CHRISTINE RUCKDESCHEL</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>24479 AUDUBON DRIVE</b>
83 <b>BB</b>
84 City <b>BROOKSVILLE FL</b>
85 Zip Code <b>34601</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Christine Ruckdeschel*  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MC ARTHUR, WILLIAM K	
STREET ADDRESS	622 LAKESHORE DR.	
CITY-ST-ZIP	GOLDSBORO NC	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MAC ARTHUR, J G	
STREET ADDRESS	6031 BARBADOS AVENUE	
CITY-ST-ZIP	CYPRESS CA	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MC ARTHUR, WILLIAM C	
STREET ADDRESS	622 LAKESHORE DR	
CITY-ST-ZIP	GREENSBORA NC	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RUCKDESCHEL, CHRIS	
STREET ADDRESS	24479 AUDUBON DR.	
CITY-ST-ZIP	BROOKSVILLE FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	MAC ARTHUR, DONALD	
STREET ADDRESS	PO BOX 480 N/A	
CITY-ST-ZIP	FORNEY TX	
TITLE	CGC	<input type="checkbox"/> DELETE
NAME	RUCKDESCHEL, CHRISTINE	
STREET ADDRESS	24489 AUDUBON AVE	
CITY-ST-ZIP	BROOKSVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ARTHUR C. MACARTHUR
2.3 STREET ADDRESS	8899 GILES ROAD
2.4 CITY-ST-ZIP	BLAINE, WA. 98230
3.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	RUSSELL MC ARTHUR
3.3 STREET ADDRESS	6105 11TH ST.
3.4 CITY-ST-ZIP	MERIDIAN, MS 39305
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	ROBERT MC ARTHUR
5.3 STREET ADDRESS	2387 INDIAN MOUND AVE.
5.4 CITY-ST-ZIP	CINCINNATI, OH 45212
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Christine Ruckdeschel* 2/27/96 904-796-0170  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)