


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90156 043 ****70.00

DOCUMENT # N28029					
1. Entity Name THE MAC ARTHUR SOCIETY IN THE UNITED STATES A BRANCH OF CLAN ARTHUR, INC.					
Principal Place of Business 11 PINEHURST COMMONS PINEHURST NC 28370		Mailing Address P.O. BOX 190 PINEHURST NC 28370			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 54-1195760	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RUCKDESCHEL, CHRISTINE 31241 STONEY BROOK DR BROOKSVILLE FL 34602			7. Name and Address of New Registered Agent Name Brenda McArthur Horne Street Address (P.O. Box Number is Not Acceptable) 164 Ivy Lakes Dr. City Jacksonville FL 32259		
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 <i>Brenda M. Horne</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE <i>4-24-06</i> <small>(NOTE: Registered Agent signature required when re-registering)</small>	
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		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	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MCARTHUR, FAITH H	NAME			
STREET ADDRESS	P.O. BOX 190	STREET ADDRESS			
CITY-ST-ZIP	PINEHURST NC 28370	CITY-ST-ZIP			
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STEWART, SCOTT	NAME			
STREET ADDRESS	6418 CALLE ALKAID	STREET ADDRESS			
CITY-ST-ZIP	TUCSON AZ 85710-5234	CITY-ST-ZIP			
TITLE	VD <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MCARTHUR, ROBERT	NAME	VD - East		
STREET ADDRESS	8144 AUTUMN PL	STREET ADDRESS	Dr. Daniel L. McArthur		
CITY-ST-ZIP	MASON OH 45040	STREET ADDRESS	P.O. Box 190		
TITLE	ESD <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	COCHENER, NANCY	NAME	ESD		
STREET ADDRESS	13111 KILLENWOOD DRIVE	STREET ADDRESS	Jane Fowler		
CITY-ST-ZIP	WICHITA KS 67230	STREET ADDRESS	140 Woodlake Terrace		
TITLE	TD <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	ARTHUR, ROBERT	NAME	Suffolk, Va 23434		
STREET ADDRESS	13444 GERTRUDE DR.	STREET ADDRESS	TD		
CITY-ST-ZIP	COLUMBUS OH 43227	STREET ADDRESS	Mary Raye Casper		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME	4259 Deer Path		
STREET ADDRESS		STREET ADDRESS	Marcellus, NY 13108		
CITY-ST-ZIP		CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Daniel L. McArthur* 4/6/06 910-295-3441