

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N28029

1. Entity Name

THE MAC ARTHUR SOCIETY IN THE UNITED STATES A
BRANCH OF CLAN ARTHUR, INC.



FILED
Aug 29, 2008 08:00 AM
Secretary of State

Principal Place of Business 11 PINEHURST COMMONS PINEHURST NC 28370	Mailing Address P.O. BOX 190 PINEHURST NC 28370
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

2nd MOORE CR2E037 (4/08)

6. Name and Address of Current Registered Agent HORNE, BRENDA M 164 IVY LAKES DR JACKSONVILLE FL 32259	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ DATE _____
Signature: Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW: FEE IS \$61.25 Due By September 3, 2008	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
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD MCARTHUR, FAITH H	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS	P.O. BOX 190		STREET ADDRESS		
CITY-ST-ZIP	PINEHURST NC 28370		CITY-ST-ZIP		
TITLE	VD STEWART, SCOTT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS	6418 CALLE ALKAID		STREET ADDRESS		
CITY-ST-ZIP	TUCSON AZ 85710-5234		CITY-ST-ZIP		
TITLE	VD MCARTHUR, DANIEL L DR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS	PO BOX 190		STREET ADDRESS		
CITY-ST-ZIP	PINEHURST NC 28370		CITY-ST-ZIP		
TITLE	ESD FOWLER, JANE	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS	140 WOODLAKE TERRACE		STREET ADDRESS		
CITY-ST-ZIP	SUFFOLK VA 23434		CITY-ST-ZIP		
TITLE	TD CASPER, MARY R	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS	4259 DEER PATH		STREET ADDRESS		
CITY-ST-ZIP	MARCELLUS NY 13108		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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 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: *Janel H. [Signature]*