

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90078 040 ****61.25

DOCUMENT # N37201 1. Entity Name CALEDONIAN FOUNDATION, INC.					
Principal Place of Business 1515 RINGLING BLVD. SUITE 1000 SARASOTA, FL 34236			Mailing Address P. O. BOX 39085 SARASOTA, FL 34238		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-0188613	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent JONES, DIANA B 4174 LAS PALMAS WAY SARASOTA, FL 34238-2888					
7. Name and Address of New Registered Agent Name Elizabeth W. Holman Street Address (P.O. Box Number is Not Acceptable) 8303 Shadow Pine Way City Sarasota FL Zip Code 34238					
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>Elizabeth W. Holman</i> DATE 3/31/04 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JONES, DIANA B 4174 LAS PALMAS WAY SARASOTA, FL	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Elizabeth W. Holman 8303 Shadow Pine Way Sarasota, FL 34238	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOLMAN, CHARLES A. 8303 SHADOW PINE WAY SARASOTA, FL 34238	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Edward Hamilton 4196 Bowling Green Cr. Sarasota, FL 34233	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLAIR, DONALD 5179 HIDDEN HARBOR RD. SARASOTA, FL 34242	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLMAN, ELIZABETH 8303 SHADOW PINE WAY SARASOTA, FL 34238	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CANDLISH, MALCOLM 485 WALLS WAY OSPREY, FL 34229	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BARNER, JOHN JR. 5221 HERON WAY SARASOTA, FL 34231	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Barnes, John Jr. 1712 Lendings Blvd Sarasota, FL 34231	☒ Change ☐ Addition
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>Elizabeth W. Holman</i> DATE: March 31, 2004 9419216945					