


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90238 036 \*\*\*\*61.25

<b>DOCUMENT # N37201</b>	
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
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**DO NOT WRITE IN THIS SPACE**

20044015



03272005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0188613	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  HOLMAN, ELIZABETH W 8303 SHADOW PINE WAY SARASOTA, FL 34238
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**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when restoring) \_\_\_\_\_ DATE \_\_\_\_\_

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOLMAN, ELIZABETH W 8303 SHADOW PINE WAY SARASOTA, FL 34238
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMILTON, EDWARD 4196 BOWLING GREEN CR. SARASOTA, FL 34233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLAIR, DONALD 5179 HIDDEN HARBOR RD. SARASOTA, FL 34242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLMAN, ELIZABETH 8303 SHADOW PINE WAY SARASOTA, FL 34238
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CANDLISH, MALCOLM <del>465 WALLS WAY</del> 5327 Hunt Club Way <del>SARASOTA, FL 34229</del> Sarasota, FL 34235
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BARNER, JOHN JR 1712 LANDINGS BLVD. SARASOTA, FL 34231

**DO NOT WRITE IN THIS SPACE**

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: Elizabeth W. Holman 4/19/05 941 921 6433

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #