2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N37201

1. Entity Name
CALEDONIAN FOUNDATION, INC.

FILED
Apr 27, 2007 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
1515 RINGLING BLVD. SUITE 1000 SARASOTA, FL 34236	POB 15668 SARASOTA, FL 34277

04132007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0188613
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HOLMAN, ELIZABETH W
8303 SHADOW PINE WAY
SARASOTA, FL 34238

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

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	HOLMAN, ELIZABETH W
STREET ADDRESS	8303 SHADOW PINE WAY
CITY-ST-ZIP	SARASOTA, FL 34238
TITLE	D
NAME	HAMILTON, EDWARD
STREET ADDRESS	4196 BOWLING GREEN CR.
CITY-ST-ZIP	SARASOTA, FL 34233
TITLE	D
NAME	BLAIR, DONALD
STREET ADDRESS	5179 HIDDEN HARBOR RD.
CITY-ST-ZIP	SARASOTA, FL 34242
TITLE	D
NAME	HOLMAN, ELIZABETH
STREET ADDRESS	8303 SHADOW PINE WAY
CITY-ST-ZIP	SARASOTA, FL 34238
TITLE	D
NAME	CANDLISH, MALCOLM
STREET ADDRESS	5327 HUNT CLUB WAY
CITY-ST-ZIP	SARASOTA, FL 34238
TITLE	S
NAME	BARNER, JOHN JR
STREET ADDRESS	1712 LANDINGS BLVD.
CITY-ST-ZIP	SARASOTA, FL 34231

U00000739047
05/14/07-80008-019 61.25

DO NOT WRITE IN THIS SPACE

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: Elizabeth W. Holman 4/23/2007 941 921 6433
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #