

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37201

FILED
Apr 09, 2009
Secretary of State

Entity Name: CALEDONIAN FOUNDATION, INC.

Current Principal Place of Business:

1515 RINGLING BLVD.
SUITE 1000
SARASOTA, FL 34236

New Principal Place of Business:

Current Mailing Address:

POB 15668
SARASOTA, FL 34277

New Mailing Address:

FEI Number: 65-0188613

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: HOLMAN, ELIZABETH W
Address: 8303 SHADOW PINE WAY
City-St-Zip: SARASOTA, FL 34238

Title: D () Delete
Name: HAMILTON, EDWARD
Address: 4196 BOWLING GREEN CR.
City-St-Zip: SARASOTA, FL 34233

Title: D () Delete
Name: BLAIR, DONALD
Address: 5179 HIDDEN HARBOR RD.
City-St-Zip: SARASOTA, FL 34242

Title: D () Delete
Name: HOLMAN, ELIZABETH
Address: 8303 SHADOW PINE WAY
City-St-Zip: SARASOTA, FL 34238

Title: D () Delete
Name: CANDLISH, MALCOLM
Address: 5327 HUNT CLUB WAY
City-St-Zip: SARASOTA, FL 34238

Title: S () Delete
Name: BARNER, JOHN JR
Address: 1712 LANDINGS BLVD.
City-St-Zip: SARASOTA, FL 34231

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: CANDLISH, MALCOLM
Address: 5331 HUNT CLUB WAY
City-St-Zip: SARASOTA, FL 34238

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELIZABETH W. HOLMAN

TREA

04/09/2009

Electronic Signature of Signing Officer or Director

Date