

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 06, 2006  
Secretary of State**

DOCUMENT# N92000000797

Entity Name: THE SAINT ANDREWS PIPE BAND OF MIAMI, INC.

**Current Principal Place of Business:**

1301 NW 99TH AVENUE  
PLANTATION, FL 33322

**New Principal Place of Business:**

**Current Mailing Address:**

1301 NW 99TH AVENUE  
PLANTATION, FL 33322

**New Mailing Address:**

FEI Number: 65-0387984      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MACDONALD, NIGEL M  
1301 NW 99TH AVENUE  
PLANTATION, FL 33322      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: PD      ( ) Delete  
Name: MACDONALD, NIGEL  
Address: 1301 N.W. 99 AVENUE  
City-St-Zip: PLANTATION, FL 33322

Title: TD      ( ) Delete  
Name: BORDEN, CLIFFORD  
Address: 1002 N.E. 117TH STREET  
City-St-Zip: BISCAYNE PARK, FL 33161

Title: SD      ( ) Delete  
Name: SOUTHERLAND, CHARLES DR  
Address: 750 NE 101 ST  
City-St-Zip: MIAMI SHORES, FL 33138

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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: NIGEL MACDONALD

PD

03/06/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date