FILE NOW: FILING FEE IS $61.25

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Feb 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N93000003523 (8)**

1. Corporation Name
THE SCOTTISH HERITAGE SOCIETY OF SARASOTA, INC.

Principal Place of Business	Mailing Address
P O BOX 14065 SARASOTA FL 34278	P O BOX 14065 SARASOTA FL 34278-4065

3. Date Incorporated or Qualified: **08/02/1993**
3a. Date of Last Report: **02/12/1996**

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 | Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 | Country — 30

4. FEI Number: **65-0423949** ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HANSON, MARK A ESQUIRE
2963 MAIN STREET
STE. 101
SARASOTA FL 34237

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	JACKSON, JAMES		1.2 NAME	ROSI, MARY	
STREET ADDRESS	3631 WHITE SULPHUR PL		1.3 STREET ADDRESS	4412 OAKVIEW DR	
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-ST-ZIP	SARASOTA, FL	
TITLE	DS	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	JACKSON, SHEILA		2.2 NAME		
STREET ADDRESS	3631 WHITE SULPHUR PL		2.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		2.4 CITY-ST-ZIP		
TITLE	DC	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MACCONNELL, WARREN		3.2 NAME		
STREET ADDRESS	4117 VALLARTA CT.		3.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		3.4 CITY-ST-ZIP		
TITLE	DV	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MURRAY, CHARLES		4.2 NAME		
STREET ADDRESS	3708 LEI DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		4.4 CITY-ST-ZIP		
TITLE	DS	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MURRAY, ANN		5.2 NAME		
STREET ADDRESS	3708 LEI DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		5.4 CITY-ST-ZIP		
TITLE	DT	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	BURTNER, JAMES		6.2 NAME		
STREET ADDRESS	8824 HAVENRIDGE DR		6.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ~~SIGNATURE REQUIRED~~ Jim Jackson 2/13/97 (941) 953-6709
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0064216