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NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000003523

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

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	08/02/1993
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0423949 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HANSON, MARK A ESQUIRE 2033 MAIN ST, SUITE 301 SARASOTA FL 34237	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	DP	☒ Change ☐ Addition
NAME	KEMP, DIANE		1.2 NAME	Frank Black	
STREET ADDRESS	4312 PROAM AVE		1.3 STREET ADDRESS	27 Leeward Drive	
CITY-ST-ZIP	BRADENTON FL 34203		1.4 CITY-ST-ZIP	Cape Haze, Fl. 33946	
TITLE	DV	☐ DELETE	2.1 TITLE	DV	☒ Change ☐ Addition
NAME	ROSI, MARY		2.2 NAME	George Whitelaw	
STREET ADDRESS	4412 OAKVIEW DR		2.3 STREET ADDRESS	6287 Midnight Pass Rd.	
CITY-ST-ZIP	SARASOTA FL 34232		2.4 CITY-ST-ZIP	Sarasota, Fl. 34242	
TITLE	D	☐ DELETE	3.1 TITLE	DS	☒ Change ☐ Addition
NAME	ROSI, MARY		3.2 NAME	Ann Murray	
STREET ADDRESS	4412 OAKVIEW DRIVE		3.3 STREET ADDRESS	3708 Nai Drive	
CITY-ST-ZIP	SARASOTA FL		3.4 CITY-ST-ZIP	Sarasota, Fl. 34232	
TITLE	DS	☐ DELETE	4.1 TITLE	DS	☒ Change ☐ Addition
NAME	HAMILTON, CRAIG		4.2 NAME	Panela Paulson	
STREET ADDRESS	4703 1ST COURT WEST, APT 393		4.3 STREET ADDRESS	301 Oak Hill Drive	
CITY-ST-ZIP	BRADENTON FL 34207		4.4 CITY-ST-ZIP	Sarasota, Fl. 34237	
TITLE	DT	☐ DELETE	5.1 TITLE	DT	☒ Change ☐ Addition
NAME	WALLACE, WILLIAM R.		5.2 NAME	Diane Kemp	
STREET ADDRESS	4683 WILLOW WOOD CIR		5.3 STREET ADDRESS	4312 Pro Am Avenue	
CITY-ST-ZIP	SARASOTA FL 34241		5.4 CITY-ST-ZIP	Bradenton, Fl. 34203	
TITLE	D	☐ DELETE	6.1 TITLE	D	☒ Change ☐ Addition
NAME	MERCEREAU, DONALD		6.2 NAME	Fred Gilmartin	
STREET ADDRESS	596 CATALINA ISLES CIR		6.3 STREET ADDRESS	1251 Windward Drive	
CITY-ST-ZIP	VENICE FL 34292		6.4 CITY-ST-ZIP	Osprey, Fl. 34229	

CR2E037 (11/98)

14. 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 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, with all other like empowered.

SIGNATURE: Diane Kemp SIGNATURE REQUIRED 4/24/99 941-363-9696
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #