2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 23, 2004 8:00 am Secretary of State DOCUMENT # N93000003523 1. Entity Name 04-23-2004 90204 026 \*\*\*\*61.25 THE SCOTTISH HERITAGE SOCIETY OF SARASOTA, 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 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) MOORE Applied For City & State 4. FEI Number City & State 65-0423949 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HANSON, MARK A ESQUIRE Street Address (P.O. Box Number is Not Acceptable) 2033 MAIN ST, SUITE 301 SARASOTA FL 34237 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Stonature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing Make Check Pavable to FILE NOW: FEE IS \$61.25 \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. PD Delete TITLE **BD** ☐ Addition TITLE DUNCAN, RILEY NAME NAME BUSAN MOIR 5127 55TH ST. CIRCLE W STREET ADDRESS STREET ADDRESS 5009 45' ST WEST **BRADENTON FL 34210** CITY-ST-ZIP CITY-ST-ZIP BRADENTON, FL 34210 DS 1 Change ☐ Addition Delete TITLE TITLE MOIR, SUSAN NAME NAME BORDEAU, JANET 6101 34TH ST 179 STREET ADDRESS STREET ADDRESS 180 CORAL ROAD VENUE, AL 3429? **BRADENTON FL 34210** CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change Delete TITLE TITLE PAULSON, PAMELA NAME NAME 301 OAK HILL DR STREET ADDRESS STREET ADDRESS SARASOTA FL 34232 CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition TITLE ☐ Delete MACCONNELL, BETTY NAME NAME 4117 VALLARTA CT STREET ADDRESS STREET ADDRESS SARASOTA FL 34233 CITY+ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 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:

CNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/04

941-727-7960

FILED