

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 30, 2005 8:00 am
Secretary of State

06-30-2005 90001 021 ***61.25

DOCUMENT # N93000003523	
1. Entity Name THE SCOTTISH HERITAGE SOCIETY OF SARASOTA, INC.	

Principal Place of Business P O BOX 14065 SARASOTA, FL 34278	Mailing Address P O BOX 14065 SARASOTA, FL 34278
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50054230



2. Principal Place of Business P.O. Box 52613	3. Mailing Address P.O. Box 52613
Suite, Apt. #, etc.	Suite, Apt. #, etc.

05262005 Chg-NP CR2E037 (10/03)

City & State SARASOTA, FL	City & State SARASOTA, FL
Zip 34278	Country USA
Country USA	Zip 34278

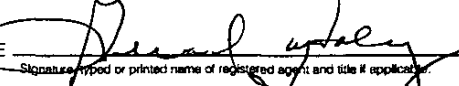
4. FEI Number 65-0423949	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HANSON, MARK A ESQUIRE 2033 MAIN ST, SUITE 301 SARASOTA, FL 34237	
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7. Name and Address of New Registered Agent	
Name GERARD M. HALEY	
Street Address (P.O. Box Number is Not Acceptable) 28 LEeward DR.	
City CAPE HAZE	FL Zip Code 33946

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.

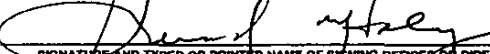
SIGNATURE 	GERARD M. HALEY, TREAS.	6-27-'05
(NOTE: Registered Agent signature required when reinstating)		DATE

Filing Fee is \$61.25 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOIR, SUSAN 5009 45 ST WEST BRADENTON, FL 34210 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BOARDEAU, JANET 180 CORAL ROAD VENICE, FL 34293 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ☒ Delete MACCONNELL, BETTY 4117 VALLARTA CT SARASOTA, FL 34233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P., DIR. BLACK, JANETTE 27 LEeward DR. CAPE HAZE, FL 33946 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREAS., DIR. HALEY, GERARD 28 LEeward DR. CAPE HAZE, FL 33946 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR. HACK, BRUCE 25 LEeward DR. CAPE HAZE, FL 33946 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: 	GERARD M. HALEY, TREAS.	6-27-'05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE

941-698-9666