2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 30, 2005 8:00 am
Secretary of State
06-30-2005 90001 021 ****61.25

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05262005 Chg-NP CR2E037 (10/03)

DOCUMENT # N93000003523

1. Entity 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	3. Mailing Address
P.O. Box 52613	P.O. Box 52613
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SARASOTA, FL	City & State: SARASOTA, FL
Zip: 34278 Country: USA	Zip: 34278 Country: USA

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

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

6. Name and Address of Current Registered Agent

HANSON, MARK A ESQUIRE
2033 MAIN ST, SUITE 301
SARASOTA, FL 34237

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
Signature, typed or printed name of registered agent and title if applicable (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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
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	V.P., DIR. BLACK, JANETTE 27 LEEWARD DR. CAPE HAZE, FL 33946	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS BOARDEAU, JANET 180 CORAL ROAD VENICE, FL 34293	☐ Delete	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	DS MACCONNELL, BETTY 4117 VALLARTA CT SARASOTA, FL 34233	☒ Delete	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		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	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 Daytime Phone #

941-698-9666