2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003523

FILED May 07, 2006 Secretary of State

Entity Name: THE SCOTTISH HERITAGE SOCIETY OF SARASOTA, INC.

Current Principal Place of Business: New Principal Place of Business: P O BOX 52613 P O BOX 52764 SARASOTA, FL 34278 SARASOTA, FL 34232 **Current Mailing Address: New Mailing Address:** P O BOX 52764 P O BOX 52613 SARASOTA, FL 34278 SARASOTA, FL 34232 FEI Number: 65-0423949 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HALEY, GERARD M 28 LEEWARD DR CAPE HAZE, FL 33946 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete MOIR, SUSAN BORDEAU, JANET Name: Name: 5009 45 ST WEST Address: 180 CORAL ROAD Address: City-St-Zip: BRADENTON, FL 34210 City-St-Zip: VENICE, FL 34293 Title: DS () Delete Title: () Change () Addition BOARDEAU, JANET Name: Name: Address: 180 CORAL ROAD Address: City-St-Zip: VENICE, FL 34293 City-St-Zip: Title: VPD () Delete Title: () Change () Addition JANETTE, BLACK Name: Name: Address: 27 LEEWARD DR Address: City-St-Zip: CAPE HAZE, FL 33946 City-St-Zip: Title: TD () Delete Title: () Change () Addition Name: HALEY, GERARD Name: 28 LEEWARD DR Address: Address: City-St-Zip: CAPE HAZE, FL 33946 City-St-Zip: Title: Title: () Delete () Change () Addition BRUCE, HACK Name: Name: 25 LEEWARD DR Address: Address: CAPE HAZE, FL 33946 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GERARD M. HALEY TREA 05/07/2006