

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003523

FILED
Apr 26, 2007
Secretary of State

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

Current Principal Place of Business:

28 LEEWARD DR
CAPE HAZE, FL 33946

New Principal Place of Business:

Current Mailing Address:

28 LEEWARD DR
CAPE HAZE, FL 33946

New Mailing Address:

FEI Number: 65-0423949

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HALEY, GERARD M
28 LEEWARD DR
CAPE HAZE, FL 33946 US

Name and Address of New Registered Agent:

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:

Title: PD () Delete
Name: BORDEAU, JANET
Address: 180 CORAL ROAD
City-St-Zip: VENICE, FL 34293

Title: DS () Delete
Name: BOARDEAU, JANET
Address: 180 CORAL ROAD
City-St-Zip: VENICE, FL 34293

Title: VPD (X) Delete
Name: JANETTE, BLACK
Address: 27 LEEWARD DR
City-St-Zip: CAPE HAZE, FL 33946

Title: TD () Delete
Name: HALEY, GERARD
Address: 28 LEEWARD DR
City-St-Zip: CAPE HAZE, FL 33946

Title: D () Delete
Name: BRUCE, HACK
Address: 25 LEEWARD DR
City-St-Zip: CAPE HAZE, FL 33946

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BLACK, JANETTE
Address: 27 LEEWARD DR.
City-St-Zip: CAPE HAZE, FL 33946

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 HALEY

TD

04/26/2007

Electronic Signature of Signing Officer or Director

Date