

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003523

FILED
May 17, 2008
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:

27 LEEWARD DR
CAPE HAZE, FL 33946

Current Mailing Address:

28 LEEWARD DR
CAPE HAZE, FL 33946

New Mailing Address:

P.O. BOX 282
CAPE HAZE, FL 33946

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:

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

Name and Address of New Registered Agent:

BLACK, M JANETTE
27 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: M. JANETTE BLACK

05/17/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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, M JANETTE
Address: 27 LEEWARD DR.
City-St-Zip: CAPE HAZE, FL 33946

Title: DS (X) Change () Addition
Name: MURRAY, ANN
Address: 1324 BLUEWATER DR.
City-St-Zip: SUN CITY CENTER, FL 33573

Title: TD (X) Change () Addition
Name: MERCEREAU, DON
Address: 596 CATALINA ISLES CIR.
City-St-Zip: VENICE, FL 34292

Title: D (X) Change () Addition
Name: JANET, BORDEAU
Address: 180 CORAL RD.
City-St-Zip: VENICE, FL 34293

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: M. JANETTE BLACK

PD

05/17/2008

Electronic Signature of Signing Officer or Director

Date