

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003523

FILED
Mar 30, 2009
Secretary of State

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

Current Principal Place of Business:

27 LEEWARD DR
CAPE HAZE, FL 33946

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 282
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:

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

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

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

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

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

Title: D () Change (X) Addition
Name: MACALLISTER, ROBIN
Address: 1115 14TH AVE WEST
City-St-Zip: BRADENTON, FL 34205

Title: D () Change (X) Addition
Name: NEIS, PATTI
Address: 227 ANTILLA DR
City-St-Zip: RORONDA WEST, FL 33947

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: DONALD M MERCEREAU

TRES

03/30/2009

Electronic Signature of Signing Officer or Director

Date