

2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90316 004 ****70.00

DOCUMENT # N95000002351 1. Entity Name THE SCOTTISH SOCIETY OF THE TREASURE COAST, INC.					
Principal Place of Business 815 GAYFEATHER LANE VERO BEACH, FL 32963 US				Mailing Address POST OFFICE BOX 5263 VERO BEACH, FL 32961-5263 US	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0591524	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SMITH, JOYCE S 815 GAYFEATHER LANE VERO BEACH, FL 32963				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <u>JOYCE S. SMITH</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<u>Joyce S. Smith</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		<u>3/7/06</u> <small>DATE</small>	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	SD	<input type="checkbox"/> Delete	TITLE	P D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAMILTON, SNOW WHITE		NAME	CRAWFORD, Richard	
STREET ADDRESS	338 SERIE DR		STREET ADDRESS	6104 River Run Drive	
CITY-ST-ZIP	FORT PIERCE, FL 349466629		CITY-ST-ZIP	Sebastian FL 32958	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PYPER, GORDON		NAME		
STREET ADDRESS	42 WOODLAND DR, #207		STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH, FL 32962		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PYPER, GORDON		NAME		
STREET ADDRESS	12 WOODLNAD DRIVE APT 207		STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH, FL 32962		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CRAWFORD, RICHARD		NAME		
STREET ADDRESS	6104 RUIN RUN DRIVE		STREET ADDRESS		
CITY-ST-ZIP	SEBASTIAN, FL 32958		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMITH, JOYCE S		NAME		
STREET ADDRESS	815 GAYFEATHER LANE		STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH, FL 32965		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Snow Hamilton</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>SNOW-HAMILTON</u> <small>Date</small>		
			<u>03-07-06</u> <small>Daytime Phone #</small>		