2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008
Secretary of State

DOCUMENT# N95000002351

Entity Name: THE SCOTTISH SOCIETY OF THE TREASURE COAST, INC.

Current Principal Place of Business:

815 GAYFEATHER LANE
VERO BEACH, FL 32963 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 5263
VERO BEACH, FL 329615263 US

New Mailing Address:

FEI Number: 65-0591524 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SMITH, JOYCE S
815 GAYFEATHER LANE
VERO BEACH, FL 32963 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:	SD	( ) Delete
Name:	PYPER, GORDON	
Address:	42 WOODLAND DRIVE #207	
City-St-Zip:	VERO BEACH, FL 32962	
Title:	T	( ) Delete
Name:	CRAWFORD, RICHARD	
Address:	6104 RUIN RUN DRIVE	
City-St-Zip:	SEBASTIAN, FL 32958	
Title:	D	( ) Delete
Name:	SMITH, JOYCE S	
Address:	815 GAYFEATHER LANE	
City-St-Zip:	VERO BEACH, FL 32965	
Title:	PD	( ) Delete
Name:	CRAWFORD, RICHARD	
Address:	6104 RIVER RUN DR	
City-St-Zip:	SEBASTIAN, FL 32958	
Title:	VPD	( ) Delete
Name:	DEAN, DOLORES	
Address:	PO BOX 2263	
City-St-Zip:	VERO BEACH, FL 32962	
Title:	D	( ) Delete
Name:	MACGOWAN, ROBERT	
Address:	555 BOUGHVILLEA LANE	
City-St-Zip:	VERO BEACH, FL 32963	

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:	( ) 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: RICHARD B. CRAWFORD T 01/31/2008

Electronic Signature of Signing Officer or Director — Date