

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 10, 2006 8:00 am
Secretary of State

07-10-2006 90029 008 ****61.25

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1. Entity Name
JACKSONVILLE SCOTTISH HIGHLAND GAMES, INC.



Principal Place of Business
**408 OCEANFRONT
NEPTUNE BEACH, FL 32266**

Mailing Address
**408 OCEANFRONT
NEPTUNE BEACH, FL 32266**

50022130



05042006 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3332994

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**TAYLOR, E. J
408 OCEANFRONT
NEPTUNE BEACH, FL 32266**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GORDON, RICHARD
STREET ADDRESS	934 NE LAKE DESOTO CIR #201
CITY-ST-ZIP	LAKE CITY, FL 32055
TITLE	D
NAME	STEFANINI, ED
STREET ADDRESS	2801 KIOWA AVE
CITY-ST-ZIP	ORANGE PARK, FL 320658403
TITLE	D
NAME	GIBSON, AUDIE Gayward Hendry
STREET ADDRESS	446 FOREST HAVEN DRIVE NORTH 577 Branscomb Rd
CITY-ST-ZIP	JACKSONVILLE, FL 322577602 Green Cove Spgs, FL 32043
TITLE	DS
NAME	OVERBY, JIM Gordy millar
STREET ADDRESS	21 BURLING WAY 840 N. End St.
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250 St. Aug, FL 32095
TITLE	CD
NAME	MARSHALL, JOHN Trudy Innes
STREET ADDRESS	6750 MILMAR DRIVE SOUTH 5070 Eagle Pt. Dr.
CITY-ST-ZIP	JACKSONVILLE, FL 32207 32244
TITLE	TD
NAME	TAYLOR, E. J
STREET ADDRESS	408 OCEANFRONT
CITY-ST-ZIP	NEPTUNE BEACH, FL 32266

**DO NOT WRITE
IN THIS SPACE**

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:

E. J. Taylor
E. J. Taylor

July 5, 2006 **904 241-0350**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #