

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003709

FILED
Apr 15, 2009
Secretary of State

Entity Name: JACKSONVILLE SCOTTISH HIGHLAND GAMES, INC.

Current Principal Place of Business:

408 OCEANFRONT
NEPTUNE BEACH, FL 32266

New Principal Place of Business:

Current Mailing Address:

408 OCEANFRONT
NEPTUNE BEACH, FL 32266

New Mailing Address:

FEI Number: 59-3332994

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TAYLOR, E. J
408 OCEANFRONT
NEPTUNE BEACH, FL 32266 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: STEFANINI, EDDIE
Address: 2801 KIOWA AVENUE
City-St-Zip: ORANGE PARK, FL 32065 US

Title: VP () Delete
Name: OVERBY, JIM
Address: 21 BURLING WAY
City-St-Zip: JACKSONVILLE BEACH, FL 32250 US

Title: D () Delete
Name: VERDIN, CHRISTINE
Address: 12171 BEACH BOULEVARD APT #904
City-St-Zip: JACKSONVILLE, FL 32246 US

Title: DS () Delete
Name: HAMM, BONNIE
Address: 11739 LORETTO WOODS COURT
City-St-Zip: JACKSONVILLE, FL 32223 US

Title: CD () Delete
Name: GERVIN, BRUCE
Address: 4611 JOCELYN ROAD WEST
City-St-Zip: JACKSONVILLE, FL 32225

Title: TD () Delete
Name: TAYLOR, E. J
Address: 408 OCEANFRONT
City-St-Zip: NEPTUNE BEACH, FL 32266 US

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
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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: E.J. TAYLOR

TREA

04/15/2009

Electronic Signature of Signing Officer or Director

Date