

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 01, 2005 8:00 am
Secretary of State

07-01-2005 90002 045 ****70.00

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06282005 Chg-NP CR2E037 (10/03)

DOCUMENT # N98000002340 1. Entity Name THE SCOTTISH GAMES COUNCIL, INC.					
Principal Place of Business 2465 LAURELWOOD CT. TALLAHASSEE, FL 32308			Mailing Address PO BOX 3085 TALLAHASSEE, FL 32315-3085		
2. Principal Place of Business 2657 N. Monroe Street		3. Mailing Address Suite 100		4. FEI Number 59-3521889 <div style="float: right; border: 1px solid black; padding: 2px;"> Applied For <input type="checkbox"/> Not Applicable </div>	
Suite, Apt. #, etc. Suite 100		Suite, Apt. #, etc. SAME			
City & State Tallahassee, FL.		City & State SAME			
Zip 32303	Country USA	Zip 32303	Country USA		
6. Name and Address of Current Registered Agent OAKLEY, JOYCE C 2465 LAURELWOOD CT. TALLAHASSEE, FL 32308				7. Name and Address of New Registered Agent Name Oakley, Joyce C. Street Address (P.O. Box Number is Not Acceptable) 801 E. 2nd Street City Panama City, FL Zip Code 32401	
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 Sybil C. Oakley The Scottish Games Council Inc 6/29/05 <small>Signature, typed or printed name of registered agent and title applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 7, 2005		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 NAME STREET ADDRESS CITY-ST-ZIP	PD OAKLEY, JOYCE C 2465 LAURELWOOD CT. TALLAHASSEE, FL 32308	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Oakley, Joyce C. 801 E. 2nd Street Panama City, FL 32401	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCCLEARY, GORDON 275 JOHN KNOX RD, EE-102 TALLAHASSEE, FL 32303	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Battiste, Brenda 2044 Quinn Ct Tallahassee, FL 32309	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MAYHALL, CAROL 1800-612 MICCOSUKEE COMMONS TALLAHASSEE, FL 32308	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Mayhall, Carol 214 Parkbrook Circle Tallahassee, FL 32301	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BEARDEN, MIKE 5633 RUSTIC DR. TALLAHASSEE, FL 32303	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D Berry, Stephen 6659 Kingman Trail Tallahassee, FL 32309	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	O/D Lindsey, Keiff 1155 Brafforton Dr Tallahassee, FL 32311	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Sybil C. Oakley <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			6/29/05 (850) 556-5714 <small>Date Daytime Phone #</small>		