

2004 NOT-FOR-PROFIT-CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90041 022 ****61.25

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1. Entity Name

THE ORLANDO SCOTTISH HERITAGE GROUP, INC.



Principal Place of Business

1410 NORTH WESTMORELAND DRIVE
ORLANDO FL 32804
US

Mailing Address

P.O. BOX 2444
ORLANDO FL 32802
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

59-3550493

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GORDON, JEAN
1410 NORTH WESTMORELAND DRIVE
ORLANDO FL 32804

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

ELEANOR T. CARTER SECRETARY (OSHG)

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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 ☒ Delete
NAME BROUGH, KRISTINA
STREET ADDRESS 454 MOFFAT LOOP
CITY-ST-ZIP OVIEDO FL 32765

TITLE SECRETARY ☐ Change ☒ Addition
NAME ELEANOR T. CARTER
STREET ADDRESS 5353 MARLIN DRIVE
CITY-ST-ZIP ORLANDO FL 32822-7162

TITLE PD ☐ Delete
NAME COOK, ANYAH
STREET ADDRESS 1002 O'HANLON CT
CITY-ST-ZIP OVIEDO FL 32765-5907

TITLE BOARD MEMBER ☒ Change ☐ Addition
NAME COOK, ANYAH
STREET ADDRESS 1002 O'HANLON CT
CITY-ST-ZIP OVIEDO FL 32765-5907

TITLE VP ☐ Delete
NAME MELUCCI, RICHARD
STREET ADDRESS 242 BENT BOOTH DRIVE
CITY-ST-ZIP LEESBURG FL 34748

TITLE PRESIDENT ☒ Change ☐ Addition
NAME MELUCCI, RICHARD
STREET ADDRESS 242 BENT BOOTH DRIVE
CITY-ST-ZIP LEESBURG, FL 34748

TITLE LOVE, JAN ☒ Delete
NAME LOVE, JAN
STREET ADDRESS 923 WEST PRINCETON STREET
CITY-ST-ZIP ORLANDO FL 32804

TITLE TREASURER ☐ Change ☒ Addition
NAME JOHNSTON, JEFF
STREET ADDRESS 1121 EASTON AVE. #87
CITY-ST-ZIP ORLANDO, FL 32804

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE BOARD MEMBER ☐ Change ☒ Addition
NAME JEAN GORDON
STREET ADDRESS 1410 NORTH WESTMORELAND DR.
CITY-ST-ZIP ORLANDO FL 32804

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE BOARD MEMBER ☐ Change ☒ Addition
NAME KATHLEEN MUNROE
STREET ADDRESS 1531 ELMWOOD AVENUE
CITY-ST-ZIP KISSIMMEE, FL 34744

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:

Eleanor T. Carter ELEANOR T. CARTER / SECRETARY 3/7/04 407/381-5089

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #