2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N98000007168

TI FILED
Jul 05, 2009
Secretary of State

Entity Name: THE ORLANDO SCOTTISH HERITAGE GROUP, INC.

Current Principal Place of Business: New Principal Place of Business: 1410 NORTH WESTMORELAND DRIVE ORLANDO, FL 32804 **Current Mailing Address: New Mailing Address:** P.O. BOX 2444 ORLANDO, FL 32802 US FEI Number: 59-3550493 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GORDON, JEAN 1410 NORTH WESTMORELAND DRIVE ORLANDO, FL 32804 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete BARR, DENNIS BROUGH, KRISTINA Name: Name: 11 OKALPI LANE Address: 454 MOFFAT LOOP Address: City-St-Zip: ORLANDO, FL 32825 City-St-Zip: OVIEDO, FL 32765 Title: () Delete Title: () Change () Addition Name: BROUGH, FRED Name: Address: 454 MOFFAT LOOP Address: City-St-Zip: OVIEDO, FL 32765 City-St-Zip: Title: Title: () Change () Addition () Delete ROSE, GERI Name: Name: Address: 845 TIMOR AVENUE Address: City-St-Zip: ORLANDO, FL 32804 City-St-Zip: Title: () Delete Title: () Change () Addition Name: JOHNSTON, JEFF Name: Address: 1121 EASTON AVE. #B-7 Address: City-St-Zip: ORLANDO, FL 32804 City-St-Zip: Title: () Delete Title: () Change () Addition GORDON, JEAN Name: Name: 1410 NORTH WEST MORE LAND DR Address: Address: City-St-Zip: ORLANDO, FL 32804 City-St-Zip: Title: () Delete Title: () Change () Addition MUNROE, KATHLEEN Name: Name: Address: 1531 ELMWOOD AVENUE Address: KISSIMMEE, FL 34744 City-St-Zip: 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: JEFF JOHNSTON D 07/05/2009