2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Aug 02, 2009
Secretary of State

DOCUMENT# N98000007168

Entity Name: THE ORLANDO SCOTTISH HERITAGE GROUP, INC.

Current Principal Place of Business:

1410 NORTH WESTMORELAND DRIVE
ORLANDO, FL 32804 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2444
ORLANDO, FL 32802 US

New Mailing Address:

FEI Number: 59-3550493 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GORDON, JEAN
1410 NORTH WESTMORELAND DRIVE
ORLANDO, FL 32804 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:	T	( ) Delete
Name:	BROUGH, KRISTINA	
Address:	454 MOFFAT LOOP	
City-St-Zip:	OVIEDO, FL 32765	
Title:	D	( ) Delete
Name:	BROUGH, FRED	
Address:	454 MOFFAT LOOP	
City-St-Zip:	OVIEDO, FL 32765	
Title:	D	( ) Delete
Name:	ROSE, GERI	
Address:	845 TIMOR AVENUE	
City-St-Zip:	ORLANDO, FL 32804	
Title:	D	( ) Delete
Name:	JOHNSTON, JEFF	
Address:	1121 EASTON AVE. #B-7	
City-St-Zip:	ORLANDO, FL 32804	
Title:	D	( ) Delete
Name:	GORDON, JEAN	
Address:	1410 NORTH WEST MORE LAND DR	
City-St-Zip:	ORLANDO, FL 32804	
Title:	D	( ) Delete
Name:	MUNROE, KATHLEEN	
Address:	1531 ELMWOOD AVENUE	
City-St-Zip:	KISSIMMEE, FL 34744	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	P	(X) Change ( ) Addition
Name:	COOK, CARLETON	
Address:	1002 O'HANLON CT.	
City-St-Zip:	ORLANDO, FL 32765	
Title:	VP	(X) Change ( ) Addition
Name:	EATON, ALBERT C	
Address:	3688 HALF MOON DR.	
City-St-Zip:	ORLANDO, FL 32812	
Title:	S	(X) Change ( ) Addition
Name:	EATON, JOANN M	
Address:	3688 HALF MOON DR.	
City-St-Zip:	ORLANDO, FL 32812	
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: ALBERT C. EATON VP 08/02/2009

Electronic Signature of Signing Officer or Director — Date