

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 22, 2005  
Secretary of State**

DOCUMENT# N02000007789

Entity Name: JACKSONVILLE SCOTTISH RITE ASSOCIATION, INC.

**Current Principal Place of Business:**

965 HUBBARD ST  
JACKSONVILLE, FL 32206

**New Principal Place of Business:**

**Current Mailing Address:**

965 HUBBARD ST  
JACKSONVILLE, FL 32206

**New Mailing Address:**

FEI Number: 51-0431516      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

YARBOUROUGH, DAVID A  
11219 INEZ DR  
JACKSONVILLE, FL 32218      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: D      ( ) Delete  
Name: JAFFE, LAWRENCE L  
Address: 5150 BELFORT RD BLDG 300  
City-St-Zip: JACKSONVILLE, FL 32256

Title: D      ( ) Delete  
Name: SHEPPARD, ROY C  
Address: 5513 SILKWOOD LN  
City-St-Zip: ORANGE PARK, FL 32073

Title: D      ( ) Delete  
Name: YARBOUROUGH, DAVID A  
Address: 11219 INEZ DR  
City-St-Zip: JACKSONVILLE, FL 322189

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DAVID A. YARBOROUGH

MR

03/22/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date