

FILE NOW: FILING FEE IS \$61.25

FILED
Jan 25, 1999 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

01-25-1999 90042 006 *****61.25

DOCUMENT # N51483

1. Corporation Name

FORT MYERS SCOTTISH RITE BODIES, INC., A FLORIDA CORPORATION NOT FOR PROFIT

Principal Place of Business

MASONIC TEMPLE
3100 EVANS AVE
FT MYERS FL

Mailing Address

P.O. BOX 1133
FT. MYERS FL 33902
US



| | | | | | |
|--------------------------------|---------|---------------------|---------|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 | | 26 | | 10/23/1992 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number | |
| 22 | | 27 | | 59-3156712 | |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 23 | | 28 | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Zip | Country | Zip | Country | | |
| 24 | 25 | 29 | 30 | | |

| | | | | | | | |
|---|--|--|--|--|--|----|----|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| RANKIN, DOUGLAS L 590 ELEVENTH ST S NAPLES FL 33940 | | | | 81 | Name | | |
| | | | | 82 | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | | 83 | | | |
| | | | | 84 | City | FL | 85 |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
|----------------------------|------------------|---------------------------------|--|---|---|--|--|
| TITLE | PD | <input type="checkbox"/> DELETE | | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | CHRISTMAN, JERRY | | | 1.2 NAME | | | |
| STREET ADDRESS | % 3100 EVANS AVE | | | 1.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | FT MYERS FL | | | 1.4 CITY-ST-ZIP | | | |
| TITLE | VD | <input type="checkbox"/> DELETE | | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | KOCH, BILL | | | 2.2 NAME | | | |
| STREET ADDRESS | % 3100 EVANS AVE | | | 2.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | FT MYERS FL | | | 2.4 CITY-ST-ZIP | | | |
| TITLE | VD | <input type="checkbox"/> DELETE | | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | PETERSON, ELLIS | | | 3.2 NAME | | | |
| STREET ADDRESS | % 3100 EVANS AVE | | | 3.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | FT MYERS FL | | | 3.4 CITY-ST-ZIP | | | |
| TITLE | S | <input type="checkbox"/> DELETE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | JONES, ALVA R | | | 4.2 NAME | | | |
| STREET ADDRESS | 3100 EVANS AVE | | | 4.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | FT MYERS FL | | | 4.4 CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | | 5.2 NAME | | | |
| STREET ADDRESS | | | | 5.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 5.4 CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | | 6.2 NAME | | | |
| STREET ADDRESS | | | | 6.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 6.4 CITY-ST-ZIP | | | |

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Alva R Jones* SIGNATURE REQUIRED JONES 1-4-99 941-332-2311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)