

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90127 027 ****61.25

DOCUMENT # N51483

Entity Name

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

Principal Place of Business

Mailing Address

**ASONIC TEMPLE
 100 EVANS AVE
 FT MYERS FL**

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



DO NOT WRITE IN THIS SPACE

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3156712

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**RANKIN, DOUGLAS L
 590 ELEVENTH ST S
 NAPLES FL 33940**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	CHRISTMAN, JERRY	
STREET ADDRESS	% 3100 EVANS AVE	
CITY-ST-ZIP	FT MYERS FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	KOCH, BILL	
STREET ADDRESS	% 3100 EVANS AVE	
CITY-ST-ZIP	FT MYERS FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	PETERSON, ELLIS	
STREET ADDRESS	% 3100 EVANS AVE	
CITY-ST-ZIP	FT MYERS FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	JONES, ALVA R	
STREET ADDRESS	3100 EVANS AVE	
CITY-ST-ZIP	FT MYERS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ABELSON, HAROLD	
STREET ADDRESS	% 3100 EVANS AVE	
CITY-ST-ZIP	FT. MYERS, FL 33901	
TITLE	VD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELLIS, VERNON	
STREET ADDRESS	% 3100 EVANS AVE	
CITY-ST-ZIP	FT MYERS, FL 33901	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALVA R. JONES 1-5-02 941-332-2311

Date

Daytime Phone #

CR2E037 (9/01)