


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2006 08:00 AM
Secretary of State

DOCUMENT # N51483
 1. Entity Name
FORT MYERS SCOTTISH RITE BODIES, INC., A FLORIDA CORPORATION NOT FOR PROFIT



Principal Place of Business Mailing Address
MASONIC TEMPLE **P.O. BOX 1133**
3100 EVANS AVE **FT. MYERS, FL 33902 US**
FT MYERS, FL



01052006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3156712 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
RANKIN, DOUGLAS L
590 ELEVENTH ST S
NAPLES, FL 33940

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ELLIS, VERNON
STREET ADDRESS	3100 EVANS AVE
CITY-ST-ZIP	FORT MYERS, FL 33901
TITLE	S
NAME	FORE, GORDON A
STREET ADDRESS	3100 EVANS AVE
CITY-ST-ZIP	FORT MYERS, FL 33901
TITLE	T
NAME	JONES, ALVA R
STREET ADDRESS	3100 EVANS AVE
CITY-ST-ZIP	FORT MYERS, FL 33901
TITLE	VD
NAME	FLYNN, BERNARD L JR.
STREET ADDRESS	3100 EVANS AVE
CITY-ST-ZIP	FORT MYERS, FL 33901
TITLE	D
NAME	FLYNN, BERNARD L
STREET ADDRESS	3100 EVANS AVE
CITY-ST-ZIP	FORT MYERS, FL 33901
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

01/11/06-80014-008 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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]* **33°** *[Signature]* **January 5, 2006** **239-332-2311**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #