

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 06, 2004 8:00 am**  
**Secretary of State**

02-06-2004 90015 037 \*\*\*\*61.25

**DOCUMENT # N02000007789**

1. Entity Name  
**JACKSONVILLE SCOTTISH RITE ASSOCIATION, INC.**



Principal Place of Business  
**965 HUBBARD ST  
JACKSONVILLE, FL 32206**

Mailing Address  
**965 HUBBARD ST  
JACKSONVILLE, FL 32206**

**94010814**



02022004 No Chg-NP CR2E037 (10/03)

4. FEI Number  
**51-0431516**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**YARBOUROUGH, DAVID A  
11219 INEZ DR  
JACKSONVILLE, FL 32218**

**DO NOT WRITE  
IN THIS SPACE**

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: *David A. Yarborough*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**FEB. 02, 2004**  
DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
JAFTE, LAWRENCE L  
5150 BELFORT RD BLDG 300  
JACKSONVILLE, FL 32256**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
SHEPPARD, ROY C  
5513 SILKWOOD LN  
ORANGE PARK, FL 32073**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
YARBOUROUGH, DAVID A  
11219 INEZ DR  
JACKSONVILLE, FL 32218**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. 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.

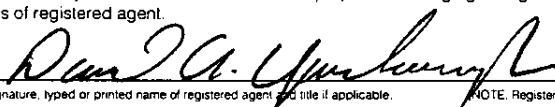
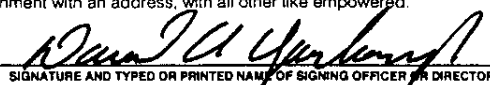
SIGNATURE: *David A. Yarborough*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FEB 02, 2004**  
Date

**(904)  
355-7633**  
Daytime Phone #

## CORRECTION OF NAME &amp; ADDRESS

2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # N02000007789					
1. Entity Name JACKSONVILLE SCOTTISH RITE ASSOCIATION, INC.					
Principal Place of Business 965 HUBBARD ST JACKSONVILLE, FL 32206			Mailing Address 965 HUBBARD ST JACKSONVILLE, FL 32206		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 51-0431516	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  YARBOROUGH, DAVID A      Name Correction 11219 INEZ DR JACKSONVILLE, FL 32218			7. Name and Address of New Registered Agent Name      Yarborough, David A. Street Address (P.O. Box Number is Not Acceptable)  11219 Inez Dr. City      Jacksonville      FL      Zip Code 32218		
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 		DATE      FEB. 02, 2004			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAFFE, LAWRENCE L 5150 BELFORT RD BLDG 300 JACKSONVILLE, FL 32256	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHEPPARD, ROY C 5513 SILKWOOD LN ORANGE PARK, FL 32073	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YARBOROUGH, DAVID A 11219 INEZ DR JACKSONVILLE, FL 32218	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Yarborough, David A. 11219 Inez Drive Jacksonville, FL 32218	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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SIGNATURE: 		DATE      FEB 02, 2004      (904) 7433-355-			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #			