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

DO NOT WRITE IN THIS SPACE

DOCUMENT # N02000007789

JACKSONVILLE SCOTTISH RITE ASSOCIATION, INC.



FILED

Feb 06, 2004 8:00 am Secretary of State

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

94010814

Principal Place of Business 965 HUBBARD ST JACKSONVILLE, FL 32206 Mailing Address

965 HUBBARD ST JACKSONVILLE, FL 32206

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

6. Name and Address of Current Registered Agent

YARBOUROUGH, DAVID A 11219 INEZ DR JACKSONVILLE, FL 32218

SIGNATURE: Name

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pur- tions of registered agent.	pose of changing its registered	office or re	gistered agent, or bo	th, in the State of	Florida. I am famil	iar with, and accept
SIGNATURES	Signature, typed or printed name of registred agent and title if ap	plicable. (NOTE: Registered A	Agent signature i	equired when reinstating)	FEB	B, Oa,	2004
• •	Filing Fee is \$61.25 Due by May 1, 2004	Election Campaign Financi Trust Fund Contribution.	ing	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIRECTO	ORS	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		######################################	
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indicated of the cor	certify that the information supplied with this filin on this report or supplemental report is true and poration or the receiver or trustee empowered to or on an attachment with an address, with all o	d accurate and that my signatu o execute this report as require	re shall hav	e the same legal effec	ct as if made unde	er oath; that I am a ime appears in Blo	n officer or director

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

	ANNOAL	REPORT							
DOCUMENT # N02000007789 1. Entity Name									
JACKSONVILLE SCOTTISH RITE ASSOCIATION, INC.									
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2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02022004 Chg	-NP CR	12E037 (10/03)		
City & State		City & State			4. FEI Number 51-0431516			plied For t Applicable	
Zip	Country	Zip	Country	÷ 🕳	~5.~Certificate of State	us Desired] \$8.75 .Addi Fee Required		
	6. Name and Address of Current	Registered Agent			7. Name and Addre	ss of New Regist	ered Agent		
VADDOUG	Name	Correction	Name	Name Yarborough, David A.					
YARBOUROUGH, DAVID A Name Correction 11219 INEZ DR JACKSONVILLE, FL 32218			Street Ac	Street Address (P.O. Box Number is Not Acceptable)					
			City	11219 Inez Dr.					
ļ			City	Jacl	ksonville		FL 3221	8	
	named entity submits this statement for ions of registered agent. Signature, typed or printed name of registered agent.	Surlany (2		FE	e State of Florida.		and accept	
		ou title it applicable.	egistered Agent signatu	ire required	when reinstating)		DĀTE		
}	Filing Fee is \$61.25 Due by May 1, 2004	9. Election Camp Trust Fund Col	aign Financing	ire required	\$5.00 May Be Added to Fees		check payable to Department of St		
10.	Filing Fee is \$61.25	9. Election Camp Trust Fund Co	aign Financing		\$5.00 May Be	Florida (Department of St	ate	
10.	Filing Fee is \$61.25 Due by May 1, 2004 OFFICERS AND DIE	9. Election Camp Trust Fund Co	aign Financing htribution.		\$5.00 May Be Added to Fees	Florida (Department of St	ate	
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