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Feb 24 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 702648 (7)

1. Corporation Name

SCOTTISH RITE FOUNDATION OF FLORIDA, U.S.A., INC.

Principal Place of Business

Mailing Address

5500 MEMORIAL HWY.
TAMPA FL 336345500 MEMORIAL HWY.
TAMPA FL 33634-73363. Date Incorporated or Qualified
01/24/19723a. Date of Last Report
02/27/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILSON, JAMES A.
5500 MEMORIAL HIGHWAY
TAMPA FL 33634

81 Name

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

83

84 City

FL

85

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PCD ☐ DELETE

NAME GOLDSMITH, ROBERT L.

STREET ADDRESS 1520 N WICKHAM RD.

CITY-ST-ZIP MELBOURNE FL

TITLE S ☐ DELETE

NAME WILSON, JAMES A.

STREET ADDRESS 3816 PEARL AVE.

CITY-ST-ZIP TAMPA FL

TITLE T ☐ DELETE

NAME LANIER, ASHLEY T.

STREET ADDRESS 509 ROLLINGVIEW PL.

CITY-ST-ZIP TAMPA FL

TITLE VD ☐ DELETE

NAME SCOTT, LESLIE H.

STREET ADDRESS 4409 SHILOH LANE

CITY-ST-ZIP JACKSONVILLE FL

TITLE VD ☐ DELETE

NAME IDELSON, SAMUEL A.

STREET ADDRESS 1876 BOUGNVILLEA

CITY-ST-ZIP SARASOTA FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

James A. Wilson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James A. Wilson Secretary

3/13/97

Date

Daytime Phone # 0048928

CR2E037 (9/96)