

FILE NOW: FILING FEE IS \$61.25

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Feb 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **702648** (7)  
1. Corporation Name  
**SCOTTISH RITE FOUNDATION OF FLORIDA, U.S.A, INC.**



Principal Place of Business <b>5500 MEMORIAL HWY. TAMPA FL 33634</b>		Mailing Address <b>5500 MEMORIAL HWY. TAMPA FL 33634</b>	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
30	3. Date Incorporated or Qualified <b>01/24/1972</b>		
4. FEI Number <b>59-6139954</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>WILSON, JAMES A. 5500 MEMORIAL HIGHWAY TAMPA FL 33634</b>		10. Name and Address of New Registered Agent	
81 Name		<b>ROBERT G. KIRKPATRICK</b>	
82 Street Address (P.O. Box Number is Not Acceptable)		<b>5500 Memorial Highway</b>	
83			
84 City		<b>FL</b>	85 Zip Code <b>33634</b>

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 *Robert G Kirkpatrick* **ROBERT G KIRKPATRICK** 11/9/98  
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 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GOLDSMITH, ROBERT L.</b>	1.2 NAME	
STREET ADDRESS	<b>1520 N WICKHAM RD.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MELBOURNE FL</b>	1.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILSON, JAMES A.</b>	2.2 NAME	<b>KIRKPATRICK, ROBERT G.</b>
STREET ADDRESS	<b>3816 PEARL AVE.</b>	2.3 STREET ADDRESS	<b>1846 Pennwood Cir W.</b>
CITY-ST-ZIP	<b>TAMPA FL</b>	2.4 CITY-ST-ZIP	<b>Clearwater, FL 34616</b>
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LANIER, ASHLEY T.</b>	3.2 NAME	<b>ESCHRICH, DAVID A.</b>
STREET ADDRESS	<b>509 ROLLINGVIEW PL.</b>	3.3 STREET ADDRESS	<b>917 Haymarket Drive</b>
CITY-ST-ZIP	<b>TAMPA FL</b>	3.4 CITY-ST-ZIP	<b>Lakeland, FL. 33805</b>
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCOTT, LESLIE H.</b>	4.2 NAME	
STREET ADDRESS	<b>4409 SHILOH LANE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	4.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>IDELSON, SAMUEL A.</b>	5.2 NAME	
STREET ADDRESS	<b>1876 BOUGNVILLEA</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SARASOTA FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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: *Robert G Kirkpatrick* **ROBERT G KIRKPATRICK** January 9, 1998 813-886-0678  
Signature, typed or printed name of signing officer or director Date Daytime Phone # 0043960

CR2E037 (10/97)