


FILE NOW: FILING FEE IS \$61.25

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Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90098 012 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 702648					
1. Corporation Name SCOTTISH RITE FOUNDATION OF FLORIDA, U.S.A, INC.					
Principal Place of Business 5500 MEMORIAL HWY. TAMPA FL 33634			Mailing Address 5500 MEMORIAL HWY. TAMPA FL 33634		



2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 01/24/1972	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-6139954	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Country 25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent KIRKPATRICK, ROBERT G 5500 MEMORIAL HWY TAMPA FL 33634				10. Name and Address of New Registered Agent	
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 **ROBERT G. KIRKPATRICK, Secretary** **2/24/99**
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 <input type="checkbox"/> DELETE				1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME PCD				1.2 NAME			
STREET ADDRESS GOLDSMITH, ROBERT L.				1.3 STREET ADDRESS			
CITY-ST-ZIP 1520 N WICKHAM RD.				1.4 CITY-ST-ZIP			
CITY-ST-ZIP MELBOURNE FL				2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE <input type="checkbox"/> DELETE				2.2 NAME			
NAME S				2.3 STREET ADDRESS			
STREET ADDRESS KIRKPATRICK, ROBERT G				2.4 CITY-ST-ZIP			
CITY-ST-ZIP 1846 PENNWOOD CIR W				3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
CITY-ST-ZIP CLEARWATER FL 34616				3.2 NAME			
TITLE <input type="checkbox"/> DELETE				3.3 STREET ADDRESS			
NAME T				3.4 CITY-ST-ZIP			
STREET ADDRESS ESCHRICH, DAVID A				4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
CITY-ST-ZIP 917 HAYMARKET DR				4.2 NAME			
CITY-ST-ZIP LAKELAND FL 33805				4.3 STREET ADDRESS			
TITLE <input type="checkbox"/> DELETE				4.4 CITY-ST-ZIP			
NAME VD				5.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
STREET ADDRESS SCOTT, LESLIE H.				5.2 NAME			
CITY-ST-ZIP 4409 SHILOH LANE				5.3 STREET ADDRESS			
CITY-ST-ZIP JACKSONVILLE FL				5.4 CITY-ST-ZIP			
TITLE <input checked="" type="checkbox"/> DELETE				6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME VD				6.2 NAME			
STREET ADDRESS IDELSON, SAMUEL A.				6.3 STREET ADDRESS			
CITY-ST-ZIP 1876 BOUGNVILLEA				6.4 CITY-ST-ZIP			
CITY-ST-ZIP SARASOTA FL							
TITLE <input type="checkbox"/> DELETE							
NAME							
STREET ADDRESS							
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)(l), 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 with all other like empowered.

SIGNATURE: **ROBERT G KIRKPATRICK, Secretary** **2/24/99**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)