
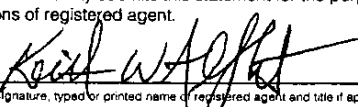
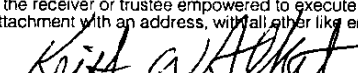


FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90143 011 ****61.25

DOCUMENT # 702648				Secretary of State	
1. Entity Name SCOTTISH RITE FOUNDATION OF FLORIDA, U.S.A, INC.				03-10-2005 90143 011 ****61.25	
Principal Place of Business 5500 MEMORIAL HWY. TAMPA, FL 33634		Mailing Address 5500 MEMORIAL HWY. TAMPA, FL 33634			
2. Principal Place of Business 1485 GRAND ROAD Suite, Apt. #, etc. WINTER PARK, FL City & State 32792 USA Zip Country		3. Mailing Address P.O. BOX 5736 Suite, Apt. #, etc. WINTER PARK, FL City & State 32793-5736 USA Zip Country		03032005 Chg-NP CR2E037 (10/03)	
				4. FEI Number 59-6139954 Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KIRKPATRICK, ROBERT G 5500 MEMORIAL HWY TAMPA, FL 33634			7. Name and Address of New Registered Agent Name ALBRIGHT, KEITH W. Street Address (P.O. Box Number is Not Acceptable) 1485 GRAND RD. WINTER PARK City WINTER PARK FL Zip Code 32792		
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  SECRETARY 3/5/2005 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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	PCD GOLDSMITH, ROBERT L. 1520 N WICKHAM RD. MELBOURNE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	10474 WELLINGTON SPRINGS WAY JACKSONVILLE, FL. 32221-1100 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KIRKPATRICK, ROBERT G 1846 PENNWOOD CIR W CLEARWATER, FL 34616 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY ALBRIGHT, KEITH W. 6650 POMPEII RD. ORLANDO, FL 32822-3958 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ESCHRICH, DAVID A 917 HAYMARKET DR LAKELAND, FL 33805 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FERRELL, WILLIAM 4654 LONG BOW RD S JACKSONVILLE, FL 32210 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO GOLDMAN, THOMAS W. 8441 BOWDEN WAY WINDERMERE, FL 34786 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD EMBREE, THOMAS E 512 JUPITER WAY CASSELBERRY, FL 32707 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER ISAACS, ALBERT 959 MOONLUSTER DR. CASSELBERRY, FL 32707-3418 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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:  Secretary 3/5/2005 407-657-4550 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					