




**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2006 08:00 AM
Secretary of State

DOCUMENT # 702648 1. Entity Name SCOTTISH RITE FOUNDATION OF FLORIDA, U.S.A, INC.		
Principal Place of Business 1485 GRAND RD WINTER PARK, FL 32792		Mailing Address PO BOX 5736 WINTER PARK, FL 32793-5736
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent ALBRIGHT, KEITH N 1485 GRAND RD WINTER PARK, FL 32792		DO NOT WRITE IN THIS SPACE
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  KEITH W. ALBRIGHT 1-5-06 <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, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD GOLDSMITH, ROBERT L. 10474 WELLINGTON SPRINGS WAY JACKSONVILLE, FL 322211100	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ALBRIGHT, KEITH W 6650 POMPEII RD ORLANDO, FL 3958	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ISAACS, ALBERT 959 MOONLUSTER DR CASSELBERRY, FL 327073418	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO GOLDMAN, THOMAS W 8441 BOWDEN WAY WINDERMERE, FL 34786	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD EMBREE, THOMAS E 512 JUPITER WAY CASSELBERRY, FL 32707	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  KEITH W. ALBRIGHT 1-5-06 407-657-4550 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



01052006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-6139954

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

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01/11/06-80014-003 61.25

**DO NOT WRITE
IN THIS SPACE**