


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90042 010 ****70.00

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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-6139954	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent ALBRIGHT, KEITH N 1485 GRAND RD WINTER PARK, FL 32792				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <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, 2008		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 PCD NAME GOLDSMITH, ROBERT L. STREET ADDRESS 10474 WELLINGTON SPRINGS WAY CITY-ST-ZIP JACKSONVILLE, FL 32221100	<input type="checkbox"/> Delete		TITLE VP NAME PLEDGER, THOMAS R. STREET ADDRESS 16561 JUPITER FARMS RD. CITY-ST-ZIP JUPITER, FL. 33478-4854	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME ALBRIGHT, KEITH W STREET ADDRESS 6650 POMPEII RD CITY-ST-ZIP ORLANDO, FL 3958	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME ISAACS, ALBERT STREET ADDRESS 959 MOONLUSTER DR CITY-ST-ZIP CASSELBERRY, FL 327073418	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD NAME EMBREE, THOMAS E STREET ADDRESS 512 JUPITER WAY CITY-ST-ZIP CASSELBERRY, FL 32707	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE 2VP NAME WILSON, PAUL E STREET ADDRESS 21 SE WENONA AVE CITY-ST-ZIP OCALA, FL 34471	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Keith W. Albright</i>			KEITH W. ALBRIGHT		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 1-31-08 Daytime Phone #: 407-657-4550		