

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2007 8:00 am
Secretary of State

02-02-2007 90009 021 ****61.25

DOCUMENT # 707294

1. Entity Name

TALLAHASSEE SCOTTISH RITE ASSOCIATION, INC.



Principal Place of Business

1819 N. MONROE ST.
TALLAHASSEE FL 32303

Mailing Address

P.O. BOX 38279
TALLAHASSEE FL 32315-8279

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

59-6142645

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HILL, IVEY J
2071 PADLOCK PL
TALLAHASSEE FL 32303

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	HILL, IVEY J	
STREET ADDRESS	2071 PADLOCK PL	
CITY-STATE-ZIP	TALLAHASSEE FL 32303	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SMITH, DENCEL R	
STREET ADDRESS	2913 JOYCE DR	
CITY-STATE-ZIP	TALLAHASSEE FL 32303	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KNIGHT, JR, HARRY F	
STREET ADDRESS	2315 SAN PEDRO AVE	
CITY-STATE-ZIP	TALLAHASSEE FL 32303	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MORRIS, WALTER D	
STREET ADDRESS	701 WAVERLY RD.	
CITY-STATE-ZIP	TALLAHASSEE FL 32312	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FELL, JAMES E	
STREET ADDRESS	2309 ORLEANS DRIVE	
CITY-STATE-ZIP	TALLAHASSEE FL 32308	
TITLE	D	<input type="checkbox"/> Delete
NAME	WHITEHEAD, JOHN V	
STREET ADDRESS	1530 TALLAVANA TRL	
CITY-STATE-ZIP	HAVANA FL 32333	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TANNER, SAMMY M
STREET ADDRESS	7702 FAIRBANKS FERRY RD
CITY-STATE-ZIP	HAVANA FL 32333
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Walter D. Morris

WALTER D. MORRIS

01/24/06

385-2630

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #