

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707294

FILED
Jan 04, 2010
Secretary of State

Entity Name: TALLAHASSEE SCOTTISH RITE ASSOCIATION, INC.

Current Principal Place of Business:

1819 N. MONROE ST.
TALLAHASSEE, FL 32303

New Principal Place of Business:

1819 N. MONROE ST.
TALLAHASSEE, FL 32303 US

Current Mailing Address:

P.O. BOX 38279
TALLAHASSEE, FL 323158279

New Mailing Address:

P.O. BOX 38279
TALLAHASSEE, FL 32315 US

FEI Number: 59-6142645

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HILL, IVEY J
2071 PADLOCK PL
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: HILL, IVEY J
Address: 2071 PADLOCK PL
City-St-Zip: TALLAHASSEE, FL 32303 US

Title: D
Name: KASTEN, LEE R
Address: 1512 HASOSAW NENE
City-St-Zip: TALLAHASSEE, FL 32301 US

Title: TD
Name: KNIGHT, JR, HARRY F
Address: 2315 SAN PEDRO AVE
City-St-Zip: TALLAHASSEE, FL 32303 US

Title: SD
Name: MORRIS, WALTER D
Address: 701 WAVERLY RD.
City-St-Zip: TALLAHASSEE, FL 32312 US

Title: D
Name: OLSEN, JR., JAMES J
Address: 6913 EBONY TRL
City-St-Zip: TALLAHASSEE, FL 32309 US

Title: D
Name: ELUL, CHARLES S
Address: 800 OCALA RD #300-215
City-St-Zip: HAVANA, FL 32304 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: WALTER D. MORRIS

SD

01/04/2010

Electronic Signature of Signing Officer or Director

Date