

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

AND
FILED

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

95 MAR -1 PM 2:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 709552 (4)

1. Corporation Name

SCOTTISH RITE TEMPLE ASSOCIATION

Principal Place of Business

Mailing Address

5500 MEMORIAL HIGHWAY
TAMPA FL 33634

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TAMPA FL 33634

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/21/1918

3a. Date of Last Report

03/01/1994

4. FEI Number

23-7187289

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILSON, JAMES A.
5500 MEMORIAL HIGHWAY
3816 PEARL AVENUE
TAMPA FL 33634

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when rotating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
BALSLEY, KENNETH D.
4422 PRESCOTT
TAMPA FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

P
Shed, Jr., Michael
3312 N. Perry Ave.
Tampa, FL., 33603-5238

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

T
LANIER, ASHLEY T.
509 ROLLINGVIEW PL.
TEMPLE TERRACE FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

S
WILSON, JAMES A.
3816 PEARL AVENUE
TAMPA FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
PELOUBET, ELMORE M.
4734 TIERRA ALTA CT.
LAKELAND FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

D
Nagge, JoAnn M.
200 Ave. "K" S.E., Apt. 252
Winter Haven, FL., 33880

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
SMITH, LEE J.
1849 LAKE AVE., APT. 1
CLEARWATER FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

D
Blasingame, James P.
83-8 Boxwood Dr.
Tampa, FL., 33615-4937

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
COSTER, JOSEPH D.
6417 ELDORADO DR.
TAMPA FL

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

D
Schilling, Frederick C.
37415 Duke Lane
Zephyrhills, FL., 33541

☒ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

James A. Wilson

Secretary

3/23/95

813-886-0578

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number