

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 709552 (4)
1. Corporation Name
SCOTTISH RITE TEMPLE ASSOCIATION



Principal Place of Business
**5500 MEMORIAL HIGHWAY
TAMPA FL 33634**

Mailing Address
**5500 MEMORIAL HIGHWAY
TAMPA FL 33634**

3. Date Incorporated or Qualified **09/21/1918** 3a. Date of Last Report **03/01/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 23-7187289		Applied For <input type="checkbox"/> Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23 Zip		28 Zip		29 Country		30 Country	
24		25		29		30	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	SHEA, J. MICHAEL	
STREET ADDRESS	3312 N. PERRY AVE.	
CITY-ST-ZIP	TAMPA FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	LANIER, ASHLEY T.	
STREET ADDRESS	509 ROLLINGVIEW PL.	
CITY-ST-ZIP	TEMPLE TERRACE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	WILSON, JAMES A.	
STREET ADDRESS	3816 PEARL AVENUE	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MAGEE, JOEL M.	
STREET ADDRESS	200 AVE. K SE #252	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BLASINGAME, JAMES P.	
STREET ADDRESS	83-8 BOXWOOD DR.	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHILLING, FREDERICK C.	
STREET ADDRESS	37415 DUKE LANE	
CITY-ST-ZIP	ZEPHYRHILLS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Long, James W., Sr.	
1.3 STREET ADDRESS	6548 W. Manna Ave.	
1.4 CITY-ST-ZIP	Tampa, FL., 33634-4930	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Morton, Philip T.	
4.3 STREET ADDRESS	6115 Seagull Lane	
4.4 CITY-ST-ZIP	Lakeland, FL., 33809	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Powers, Jackson C.	
5.3 STREET ADDRESS	11155 1st St. East	
5.4 CITY-ST-ZIP	Treasure Island, FL., 33813-3922	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Dale, Daniel E.	
6.3 STREET ADDRESS	601 14th Ave. W.	
6.4 CITY-ST-ZIP	Palmetto, FL., 34221-4522	

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 119.07(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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
James A. Wilson, Secretary

2/15/96

Date

813-886-0578

Daytime Phone #

CR2E037 (12/95)