

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 18 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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 33634-7336**3. Date Incorporated or Qualified
09/21/19183a. Date of Last Report
02/20/1996

2. Principal Place of Business

21
Suite, Apt. #, etc.

2a. Mailing Address

26
Suite, Apt. #, etc.

City & State

22

City & State

27

Zip

23

Country

24

Zip

28

Country

29

4. FEI Number

23-7187289

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75** Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐**\$5.00** May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes ☒ No

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

ROBERT G. KIRKPATRICK

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

5500 Memorial Highway

83

84 City

Tampa**FL**

85 Zip Code

33634

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 617.0508, Florida Statutes.

SIGNATURE **ROBERT G KIRKPATRICK**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/13/1997

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	LONG, JAMES W. SR.	
STREET ADDRESS	6548 W. HANNA AVENUE	
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 checked="" type="checkbox"/> DELETE
NAME	WILSON, JAMES A.	
STREET ADDRESS	3816 PEARL AVENUE	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MORTON, PHILIP T.	
STREET ADDRESS	6115 SEAGULL LANE	
CITY-ST-ZIP	LAKELAND FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	POWERS, JACKSON C.	
STREET ADDRESS	11155 1ST STREET EAST	
CITY-ST-ZIP	TREASURE ISLAND FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DALE, DANIEL E.	
STREET ADDRESS	601 14TH AVENUE WEST	
CITY-ST-ZIP	PALMETTO 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	LOWEL KELLY DOUGHERTY	
1.3 STREET ADDRESS	6485 76th Terrace N	
1.4 CITY-ST-ZIP	Pinellas Park, FL 34665	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE		
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ROBERT G. KIRKPATRICK	
3.3 STREET ADDRESS	1846 Pennwood Cir W.	
3.4 CITY-ST-ZIP	Clearwater, FL 34616	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	ARNOLD R. KRAMER	
4.3 STREET ADDRESS	163 Bonnie Dr.	
4.4 CITY-ST-ZIP	Auburndale, FL 33823	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	RICHARD J. CORNWELL	
5.3 STREET ADDRESS	1001 Evergreen Ave S.	
5.4 CITY-ST-ZIP	Clearwater, FL 34616	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	JOHN CLOUTMAN	
6.3 STREET ADDRESS	4444 US HWY 98, Lot 803	
6.4 CITY-ST-ZIP	Lakeland, FL 33809	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

ROBERT G. KIRKPATRICK

Date

2/13/97 813-886-0578

Daytime Phone # 0048927

CR2E037 (9/96)