


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 25 1998 8:00am
Secretary of State

NONPROFIT CORPORATION REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. McPherson Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 08/21/1918
4. FEI Number 23-7187289
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KIRKPATRICK, ROBERT G
5500 MEMORIAL HWY
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 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P Change <input checked="" type="checkbox"/> Addition
NAME	DOUGHTERTY, LOWEL KELLY	1.2 NAME	LEVAN, CHARLES M.
STREET ADDRESS	6485 76TH TERR N	1.3 STREET ADDRESS	1211 40th St. W.
CITY-ST-ZIP	PINELLAS PARK FL	1.4 CITY-ST-ZIP	Bradenton, FL 34205
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	T Change <input type="checkbox"/> Addition
NAME	LANIER, ASHLEY T.	2.2 NAME	Lanier, Ashley T.
STREET ADDRESS	509 ROLLINGVIEW PL.	2.3 STREET ADDRESS	509 Rollingview Pl
CITY-ST-ZIP	TEMPLE TERRACE FL	2.4 CITY-ST-ZIP	Temple Terrace, FL
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	S Change <input type="checkbox"/> Addition
NAME	KIRKPATRICK, ROBERT G	3.2 NAME	Kirkpatrick, Robert G.
STREET ADDRESS	1846 PENNWOOD CIR W	3.3 STREET ADDRESS	1846 Pennwood Cir W
CITY-ST-ZIP	CLEARWATER FL	3.4 CITY-ST-ZIP	Clearwater, FL
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D Change <input checked="" type="checkbox"/> Addition
NAME	KRAMER, ARNOLD R	4.2 NAME	HOCKETT, PAUL E.
STREET ADDRESS	163 BONNIE DR	4.3 STREET ADDRESS	2441 Brent Avenue
CITY-ST-ZIP	AUBURNDALE FL	4.4 CITY-ST-ZIP	Winter Haven, FL 33880
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D Change <input checked="" type="checkbox"/> Addition
NAME	CORNWELL, RICHARD J	5.2 NAME	PINKLEY, JOHN W.
STREET ADDRESS	1001 EVERGREEN AVE S	5.3 STREET ADDRESS	2808 60th Avenue, W. #1104
CITY-ST-ZIP	CLEARWATER FL	5.4 CITY-ST-ZIP	Bradenton, FL 34207
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D Change <input checked="" type="checkbox"/> Addition
NAME	CLOUTMAN, JOHN	6.2 NAME	DYER, III, FRANK M.
STREET ADDRESS	4444 US HWY 98, LOT 803	6.3 STREET ADDRESS	P.O. Box 793 17610 Simms Road
CITY-ST-ZIP	LAKELAND FL	6.4 CITY-ST-ZIP	Odessa, FL 33556

14. I 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 as an attachment with an address.

SIGNATURE: 

Jan 12, 1998

CR2E037 (10/97)