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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 709552

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



2. Principal Place of Business

21

2a. Mailing Address

26

3. Date Incorporated or Qualified

09/21/1918

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

4. FEI Number

23-7187289

Applied For

Not Applicable

City & State

23

City & State

28

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip Country

24

Zip Country

29

30

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

**KIRKPATRICK, ROBERT G
5500 MEMORIAL HWY
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.

ROBERT G. KIRKPATRICK, GEN SECRETARY 2/24/99

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** ☒ DELETE
NAME **LEVAN, CHARLES M**
STREET ADDRESS **1211 40TH ST W**
CITY-ST-ZIP **BRADENTON FL 34205**

TITLE **T** ☐ DELETE
NAME **LANIER, ASHLEY T.**
STREET ADDRESS **509 ROLLINGVIEW PL.**
CITY-ST-ZIP **TEMPLE TERRACE FL**

TITLE **S** ☐ DELETE
NAME **KIRKPATRICK, ROBERT G**
STREET ADDRESS **1846 PENNWOOD CIR W**
CITY-ST-ZIP **CLEARWATER FL**

TITLE **D** ☒ DELETE
NAME **HOCKETT, PAUL E**
STREET ADDRESS **2441 BRENT AVE**
CITY-ST-ZIP **WINTER HAVEN FL 33880**

TITLE **D** ☒ DELETE
NAME **PINKLEY, JOHN W**
STREET ADDRESS **2808 60TH AVE W 1104**
CITY-ST-ZIP **BRADENTON FL 34207**

TITLE **D** ☒ DELETE
NAME **DYER, III F**
STREET ADDRESS **P O BOX 793 17610 SIMMS RD**
CITY-ST-ZIP **ODESSA FL 33556**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P** ☐ Change ☒ Addition
1.2 NAME **Bankhead, Jr., John M.**
1.3 STREET ADDRESS **13310 Moran Dr.**
1.4 CITY-ST-ZIP **Tampa, Fla. 33618**

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

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

4.1 TITLE **D** ☐ Change ☒ Addition
4.2 NAME **Carleton, Patrick P.L.**
4.3 STREET ADDRESS **1155 N. Courtenay Pkwy, #C 51**
4.4 CITY-ST-ZIP **Merritt Island, Fla. 32953**

5.1 TITLE **D** ☐ Change ☒ Addition
5.2 NAME **Beijar, J. Michael**
5.3 STREET ADDRESS **1456 Keene Rd., So.**
5.4 CITY-ST-ZIP **Clearwater, Fla. 34616**

6.1 TITLE **D** ☐ Change ☒ Addition
6.2 NAME **Strom, J. Frederick**
6.3 STREET ADDRESS **233 34th Avenue No.**
6.4 CITY-ST-ZIP **St. Petersburg, Fla. 33704**

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, on an attachment with an address, with all other like empowered.

SIGNATURE:

ROBERT G. KIRKPATRICK, GEN SECRETARY 2/24/99

ROBERT G. KIRKPATRICK, GEN SECRETARY 2/24/99

Date

Daytime Phone #

CR2E037 (1/98)