
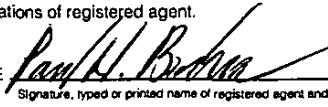
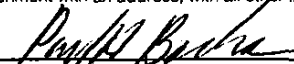


2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 709552 1. Entity 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 Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	10052005 REIN-NP CR2E099 (6/04)	
4. FEI Number 23-7187289				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KIRKPATRICK, ROBERT G 5500 MEMORIAL HWY TAMPA, FL 33634			7. Name and Address of New Registered Agent Name BARDUA, PAUL N. Street Address (P.O. Box Number is Not Acceptable) 5500 MEMORIAL HWY. City TAMPA FL 33634		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 		PAUL N. BARDUA, SECRETARY		OCTOBER 6, 2005	
<small>Signature, typed or printed name of registered agent and title if applicable.</small>		<small>(NOTE: Registered Agent signature required when reinstating)</small>		<small>DATE</small>	
FILE NOW!!! FEE IS \$236.25 After January 1, 2006, Fee will be \$297.50			Make check payable to Florida Department of State		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BONNETT, CALVIN A PO BOX 10192 BRADENTON, FL 342820192	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT DREWETT, JOHN E. 12339 69 STREET, N LARGO, FL 33773-3318	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WHALEN, RICHARD SR. 1711 HICKORY GATE SR S DUNEDIN, FL 34698	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200060782302 10/19/05--01067--004	<input type="checkbox"/> Change <input type="checkbox"/> Addition 25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KIRKPATRICK, ROBERT G 1846 PENNWOOD CIR W CLEARWATER, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY BARDUA, PAUL N. 2130 CROWNSNEST DRIVE PALM HARBOR, FL 34685-1503	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARMITAGE, JIM R 5705 KNEELAND LANE TAMPA, FL 336253289	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOOMA, THEDE 213 E MISSION HILLS AVENUE TEMPLE TERRACE, FL 33617-4830	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOWLL, ROBERT E PMB 104-29, 10801 STARKEY RD LARGO, FL 337771159	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PUIGDOMENECH, JERALD A. 9831 LEMA COURT NEW PORT RICHEY, FL 34655-2112	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUGHES, DONALD W 17 BECK STREET WINTER HAVEN, FL 338841804	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MASSEY, BENJAMIN J. 5416 TANGERINE DRIVE NEW PORT RICHEY, FL 34652-4242	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			PAUL N. BARDUA		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			OCTOBER 6, 2005 (813) 886-0578		
<small>Date</small>			<small>Daytime Phone #</small>		