


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90239 004 ****61.25

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
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



03082006 Chg-NP CR2E037 (11/05)

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		7. Name and Address of New Registered Agent	
BARDUA, PAUL N 5500 MEMORIAL HWY TAMPA, FL 33634		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DREWETT, JOHN E 12339 69 STREET LARGO, FL 337733318 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MAY, DAVID A. 3001 EAGLE HAVEN DR. WINTER HAVEN, FL 33880 <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	T WHALEN SR., RICHARD J. 1711 HICKORY GATE DRIVE, S DUNEDIN, FL 34698-2413 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BARDUA, PAUL N 2130 CROWSNEST DRIVE PALM HARBOR, FL 346851503 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BARDUA, PAUL N. 2130 CROWSNEST DRIVE PALM HARBOR, FL 34685-1503 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOOMA, THEDE 21 E MISSION HILLS AVENUE TEMPLE TERRACE, FL 336174830 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CALVO, CAMILO A. 1810 E POLLOCK ROAD LAKELAND, FL 33813-1938 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PUTGDOMENECH, JERALD A 9831 LEMA COURT NEW PORT RICHEY, FL 34652112 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORTT, LOUIS H. 1104 RIVIERA STREET VENICE, FL 34285-3723 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MASSEY, BENJAMIN J 5416 TANGERLINE DRIVE NEW PORT RICHEY, FL 346524242 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALTMAN, GUY E. 314 GREENWOOD AVENUE LEHIGH ACRES, FL 33972-5131 <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 exemptions contained in Chapter 119, 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, SECRETARY** **MARCH 8, 2006**
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #