2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 22, 2004 8:00 am Secretary of State DOCUMENT # N00000003839 1. Entity Name 04-22-2004 90022 038 ****70.00 PENSACOLA SCOTTISH RITE ASSOCIATION, INC. Principal Place of Business Mailing Address 2 E. WRIGHT STREET 2 E. WRIGHT STREET PENSACOLA FL 32501 PENSACOLA FL 32501 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State Applied For City & State 4. FEI Number 59-3655076 Not Applicable 5. -Certificate of Status Desired - \$8.75 Additional Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HOLLAND, JAMES H Street Address (P.O. Box Number is Not Acceptable) 2 EAST WRIGHT STREET PENSACOLA FL 32501 Zip Code ty 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 8. The above named en the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due By May 1, 2004 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Delete TITLE ☐ Change ★ Addition SEIBERT, HARRY W KUCHENBROD, HARRY C. NAME NAME 7630 SANDY CREEK DR STREET ADDRESS 10780 CREEK RIDGE DR STREET ADDRESS PENSACOLA FL 32506 CITY-ST-ZIP CITY-ST-ZIP PENSACOLA, FL 32506 TITLE ☐ Change **X** Addition TITLE ☐ Delete JOHNSON, T. KENNETH NAME NAME KAHN, ROBERT H., JR. 321 LOWELL LANE STREET ADDRESS STREET ADDRESS 320 LEESST. PENSACOLA FL 32514 CITY-ST-ZIP CITY-ST-ZIP PENSACOLA, FL 32501 ☐ Delete TITLE Change **Addition** TITLE GREEN, CHARLES ET NAME NAME ROSENBAUM, EUGENE B. 4560 TERRASANTA STREET ADDRESS STREET ADDRESS POB 2100 PENSACOLA FL 32503 CITY-ST-ZIP CITY-ST-ZIP PENSACOLA, FL 32513 ☐ Delete TITLE ☐ Change ☐ Addition TITLE PETERSON, LYLE H NAME NAME P O BOX 117 STREET ADDRESS STREET ADDRESS LILLIAN AL 36549 CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition THOMAS, LARRY W NAME NAME 6912 Leisure St STREET ADDRESS STREET ADDRESS Navarre, FL 32566 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

12. Thereby 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

with all other like empowered.

NTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with

SIGNATURE:

FILED