

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90075 023 ****61.25

DOCUMENT # N00000003839

1. Entity Name

PENSACOLA SCOTTISH RITE ASSOCIATION, INC.



Principal Place of Business

2 E. WRIGHT STREET
PENSACOLA FL 32501

Mailing Address

2 E. WRIGHT STREET
PENSACOLA FL 32501

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-3655076

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KUCHENBROD, HARRY C
10780 CREEK BRIDGE DR
PENSACOLA FL 32506

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

Harry C. Kuchenbrod

1-18-06

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	SEIBERT, HARRY W	
STREET ADDRESS	7630 SANDY CREEK DR	
CITY-ST-ZIP	PENSACOLA FL 32506	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, T. KENNETH	
STREET ADDRESS	321 LOWELL LANE	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE	D	<input type="checkbox"/> Delete
NAME	GREEN, CHARLES E	
STREET ADDRESS	4560 TERRASANTA	
CITY-ST-ZIP	PENSACOLA FL 32503	
TITLE	D	<input type="checkbox"/> Delete
NAME	PETERSON, LYLE H	
STREET ADDRESS	P O BOX 117	
CITY-ST-ZIP	LILLIAN AL 36549	
TITLE	D	<input type="checkbox"/> Delete
NAME	THOMAS, LARRY W	
STREET ADDRESS	3646 ANDREW JACKSON DR	
CITY-ST-ZIP	PACE FL 32571	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOLLAND, JAMES	
STREET ADDRESS	2 E WRIGHT ST	
CITY-ST-ZIP	PENSACOLA FL 32501	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KUCHENBROD, HARRY C.	
STREET ADDRESS	10780 CREEK BRIDGE DR	
CITY-ST-ZIP	PENSACOLA, FL32506	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EUGENE B. ROSENBAUM	
STREET ADDRESS	POST OFFICE BOX 2100	
CITY-ST-ZIP	PENSACOLA, FL 32513-2100	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT H. KAHN, JR	
STREET ADDRESS	320 W. LEE ST	
CITY-ST-ZIP	PENSACOLA, FL 32501-2038	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LARRY W. POWELL	
STREET ADDRESS	10453 TAM O'SHANTER RD	
CITY-ST-ZIP	PENSACOLA, FL 32514-0306	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Harry C. Kuchenbrod

1/17/06

850-453-5335