

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2007 08:00 AM
Secretary of State

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**



01172007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-3655076

Applied For
Not Applied

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**KUCHENBROD, HARRY C
10780 CREEK BRIDGE DR
PENSACOLA, FL 32506**

**DO NOT WRITE
IN THIS SPACE**

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

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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01/23/07-80075-020 70.00

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IN THIS SPACE**

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

SIGNATURE:

Troy Kenneth Johnson