

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007789

FILED
Feb 11, 2008
Secretary of State

Entity Name: JACKSONVILLE SCOTTISH RITE ASSOCIATION, INC.

Current Principal Place of Business:

965 HUBBARD ST
JACKSONVILLE, FL 32206

New Principal Place of Business:

Current Mailing Address:

965 HUBBARD ST
JACKSONVILLE, FL 32206

New Mailing Address:

FEI Number: 51-0431516

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

YARBOROUGH, DAVID A
11219 INEZ DR
JACKSONVILLE, FL 32218 US

Name and Address of New Registered Agent:

YARBOROUGH, DAVID A
11219 INEZ DR
JACKSONVILLE, FL 32218 US

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.

SIGNATURE: DAVID A YARBOROUGH

02/11/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CRANE, LOWELL D
Address: 1684 PECAN COURT
City-St-Zip: ORANGE PARK, FL 32073

Title: VP () Delete
Name: SANDERS, KEVIN S
Address: 996 WOODBRIDGE HOLLOW RD N
City-St-Zip: JACKSONVILLE, FL 32218

Title: S () Delete
Name: YARBOROUGH, DAVID A
Address: 11219 INEZ DR
City-St-Zip: JACKSONVILLE, FL 32218

Title: D () Delete
Name: VANDIVER, A C
Address: 2711 WOOLERY DRIVE
City-St-Zip: JACKSONVILLE, FL 32211

Title: D () Delete
Name: DE LOATCH, ROBERT W
Address: 150 EDGEWATER BRANCH DR
City-St-Zip: FRIUT COVE, FL 32259

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: STOKES, JOHN R
Address: 12544 HERBLORE
City-St-Zip: ORANGE PARK, FL 32073

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: YARBOROUGH, DAVID A
Address: 11219 INEZ DR
City-St-Zip: JACKSONVILLE, FL 32218

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID A. YARBOROUGH

S

02/11/2008

Electronic Signature of Signing Officer or Director

Date