

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

04-14-2003 90372 025 ****61.25

| | | | | | |
|---|---|---|--|--|--|
| DOCUMENT # N02000007789 1. Entity Name JACKSONVILLE SCOTTISH RITE ASSOCIATION, INC. | | | | | |
| Principal Place of Business 965 HUBBARD ST JACKSONVILLE FL 32206 | | | Mailing Address 965 HUBBARD ST JACKSONVILLE FL 32206 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | | Country | | 4. FEI Number 51-0431516 | |
| | | | | 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 | | |
| MAGARY, BERNARD J JR 2634 LIGUSTRUM RD JACKSONVILLE FL 32211 | | | Name David A. Yarborough Street Address (P.O. Box Number is Not Acceptable) 11219 Inez Dr. City Jacksonville FL Zip Code 32218 | | |
| 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 <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | 04/11/03 <small>DATE</small> | |
| FILE NOW: FEE IS \$61.25 | | 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 | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | D <input type="checkbox"/> Delete JAFFE, LAWRENCE L STREET ADDRESS 5150 BELFORT RD BLDG 300 CITY-ST-ZIP JACKSONVILLE FL 32256 | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | D <input type="checkbox"/> Delete SHEPPARD, ROY C STREET ADDRESS 5513 SILKWOOD LN CITY-ST-ZIP ORANGE PARK FL 32073 | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | D <input checked="" type="checkbox"/> Delete MAGARY, BERNARD J JR STREET ADDRESS 2634 LIGUSTRUM RD CITY-ST-ZIP JACKSONVILLE FL 32211 | | TITLE | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition David A. Yarborough STREET ADDRESS 11219 Inez Dr. CITY-ST-ZIP Jacksonville, FL 32218 | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 12. I hereby 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 changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: | | | 4/5/03 <small>Date</small> | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <small>Daytime Phone #</small> | | |

CR2E037 (10/02)