

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

APPROVED
01-08-2007 90250 046 *****61.25
FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ps

DOCUMENT # N15086 1. Entity Name ORLANDO SCOTTISH RITE HOLDING CORPORATION					
Principal Place of Business 1485 GRAND RD. WINTER PARK, FL 32792 US			Mailing Address P.O. BOX 5736 WINTER PARK, FL 32793-5736 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3373680	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALBRIGHT, KEITH W 1485 GRAND RD WINTER PARK, FL 32792			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
Filing Fee is \$81.25 Due by May 1, 2007		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 NAME STREET ADDRESS CITY-ST-ZIP	P SCHWEBEL, MARTIN D. <input type="checkbox"/> Delete 1121 VIA DEL MAR WINTER PARK, FL 327891662		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALBRIGHT, KEITH W <input type="checkbox"/> Delete 6650 POMPEII RD. ORLANDO, FL 328223957		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KING, CHESTER A <input type="checkbox"/> Delete 9878 BRODBECK BOULEVARD ORLANDO, FL 328325614		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARREN, CHARLES W. <input checked="" type="checkbox"/> Delete 864 WREN DR CASSELBERRY, FL 327074817		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAKER, FRED C II <input type="checkbox"/> Delete 905 COLUMBUS AVE MELBOURNE, FL 329014605		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D James R. Hamilton <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5138 Fayann St. Orlando, FL 32812-8725	
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 if changed, or on an attachment with an address with all other like empowered.					
SIGNATURE: <i>Keith W. Albright</i> KEITH W. ALBRIGHT 1-4-07 407-657-4550 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

Document corrected per Keith Albright. psc