

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N49524** (4)

1. Corporation Name
SCOTTISH RITE BUILDING ASSOCIATION, INC.



Principal Place of Business Mailing Address
C/O A&A SCOTTISH RITE P.O. BOX 12372 PENSACOLA FL 32582
C/O A&A SCOTTISH RITE P.O. BOX 12372 PENSACOLA FL 32582

3. Date Incorporated or Qualified **06/19/1992** 3a. Date of Last Report **02/14/1995**
4. FEI Number **59-6152328** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
22. City & State 27. City & State
23. Zip 28. Zip
24. Country 25. Country 29. Zip 30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CREEL, L.E.
355 EUCLID ST.
PENSACOLA FL 32503

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City **FL** 85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature of the person in charge of the preparation and filing of this statement. (If the Registered Agent signature is required, also a statement)

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12:

12. OFFICERS AND DIRECTORS
TITLE DELETE
NAME **P ELLIS, R.F. JR.**
STREET ADDRESS **770 WOODBINE DRIVE**
CITY-ST-ZIP **PENSACOLA FL 32503**
TITLE DELETE
NAME **VP POLLACK, L.B. SR.**
STREET ADDRESS **3335 CHANTARENE DRIVE**
CITY-ST-ZIP **PENSACOLA FL 32507**
TITLE DELETE
NAME **ST CREEL, L.E.**
STREET ADDRESS **355 EUCLID**
CITY-ST-ZIP **PENSACOLA FL 32503**
TITLE DELETE
NAME **D THOMAS, J.R.**
STREET ADDRESS **411 SHORELINE DRIVE**
CITY-ST-ZIP **PACE FL 32571**
TITLE DELETE
NAME **D ROSENBAUM, E.G.**
STREET ADDRESS **P.O. BOX 12388, N/A**
CITY-ST-ZIP **PENSACOLA FL 32582**
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12:
1. TITLE Change Addition
2. NAME
3. STREET ADDRESS
4. CITY-ST-ZIP
5. TITLE Change Addition
6. NAME
7. STREET ADDRESS
8. CITY-ST-ZIP
9. TITLE Change Addition
10. NAME
11. STREET ADDRESS
12. CITY-ST-ZIP
13. TITLE Change Addition
14. NAME
15. STREET ADDRESS
16. CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *L. E. Creel* L. E. Creel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/96 *904-433-8674*
Date Daytime Phone #

CR2E037 (12/95)