


FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 17 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N49524 (4)**  
1. Corporation Name  
**SCOTTISH RITE BUILDING ASSOCIATION, INC.**



Principal Place of Business <b>C/O A&amp;A SCOTTISH RITE P.O. BOX 12372 PENSACOLA FL 32582</b>	Mailing Address <b>C/O A&amp;A SCOTTISH RITE P.O. BOX 12372 PENSACOLA FL 32582-2372</b>
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<b>21</b> Principal Place of Business Suite, Apt. #, etc.	<b>22</b> City & State	<b>23</b> Zip	<b>24</b> Country	<b>25</b>	<b>26</b> Mailing Address Suite, Apt. #, etc.	<b>27</b> City & State	<b>28</b> Zip	<b>29</b> Country	<b>30</b>
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<b>3.</b> Date Incorporated or Qualified <b>06/19/1992</b>	<b>3a.</b> Date of Last Report <b>01/26/1996</b>
<b>4.</b> FEI Number <b>59-6152328</b>	Applied For Not Applicable
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8.</b> This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

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

**10. Name and Address of New Registered Agent**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>ELLIS, R.F. JR.</b>
STREET ADDRESS	<b>770 WOODBINE DRIVE</b>
CITY-ST-ZIP	<b>PENSACOLA FL 32503</b>
TITLE	<b>VP</b> <input type="checkbox"/> DELETE
NAME	<b>POLLACK, L.B. SR.</b>
STREET ADDRESS	<b>3335 CHANTARENE DRIVE</b>
CITY-ST-ZIP	<b>PENSACOLA FL 32507</b>
TITLE	<b>ST</b> <input type="checkbox"/> DELETE
NAME	<b>CREEL, L.E.</b>
STREET ADDRESS	<b>355 EUCLID</b>
CITY-ST-ZIP	<b>PENSACOLA FL 32503</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>THOMAS, J.R.</b>
STREET ADDRESS	<b>411 SHORELINE DRIVE</b>
CITY-ST-ZIP	<b>PACE FL 32571</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>ROSENBAUM, E.G.</b>
STREET ADDRESS	<b>P.O. BOX 12388, N/A</b>
CITY-ST-ZIP	<b>PENSACOLA FL 32582</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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.

CR2E037 (9/96)

*Signature: P.P. ... CREEL 2/17/97 9114 477 5174*