

4-13-98 B-4464 C
FILE NOW: FILING FEE IS \$61.25

FILED
Apr 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 C/O A&A SCOTTISH RITE P.O. BOX 12372 PENSACOLA FL 32582	Mailing Address C/O A&A SCOTTISH RITE P.O. BOX 12372 PENSACOLA FL 32582
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3. Date Incorporated or Qualified
06/19/1992

4. FEI Number 59-6152328	Applied For <input type="checkbox"/> Not Applicable
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21. Principal Place of Business Suite, Apt. #, etc.	2a. Mailing Address Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. Zip Country	29. Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No **N/A**

9. Name and Address of Current Registered Agent

**CREEL, L.E. JR.
 355 EUCLID ST.
 PENSACOLA FL 32503 - 2844**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Booker, F.E.
1.3 STREET ADDRESS	106 West Loretta Street
1.4 CITY-ST-ZIP	Pensacola, FL 32505
2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Kahn, R.H., Jr.
2.3 STREET ADDRESS	320 West Lee Street
2.4 CITY-ST-ZIP	Pensacola, FL 32501
3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Heule, F.I.
3.3 STREET ADDRESS	3505 Marjean Drive
3.4 CITY-ST-ZIP	Pensacola, FL 32504
4.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Thomas, J.R.
4.3 STREET ADDRESS	411 Shoreline Drive
4.4 CITY-ST-ZIP	Pace, FL 32571
5.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Rosenbaum, E.B.
5.3 STREET ADDRESS	P.O. Box 12388 N/A
5.4 CITY-ST-ZIP	Pensacola, FL 32582-2388
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 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.

SIGNATURE: **L.E. Creel Jr.** L. E. Creel, Jr. 4/13/98 \$50 433 8674

CR2E037 (10/97)