


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90030 036 ****61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # N49524

1. Corporation Name
SCOTTISH RITE BUILDING ASSOCIATION, INC.

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| 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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| 2. Principal Place of Business 21 | 2a. Mailing Address 26 | 3. Date Incorporated or Qualified 06/19/1992 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 | 4. FEI Number 59-6152328 |
| City & State 23 | City & State 28 | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| Zip 24 | Country 25 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |

| | |
|--|---|
| 9. Name and Address of Current Registered Agent CREEL, L E JR 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 |
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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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|-------------------------------------|---------------------------------|---|--|
| TITLE D | <input type="checkbox"/> DELETE | 1.1 TITLE D/S/T | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME BOOKER, F E | | 1.2 NAME L.E. CREEL, JR | |
| STREET ADDRESS 106 W LORETTA ST | | 1.3 STREET ADDRESS 355 EUCLID ST. | |
| CITY-ST-ZIP PENSACOLA FL 32505 | | 1.4 CITY-ST-ZIP PENSACOLA, FL 32503-2844 | |
| TITLE D | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME KAHN, R H JR | | 2.2 NAME | |
| STREET ADDRESS 320 W LEE ST | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP PENSACOLA FL 32501 | | 2.4 CITY-ST-ZIP | |
| TITLE D | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME HEULE, F I | | 3.2 NAME | |
| STREET ADDRESS 3505 MARJEAN DR | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP PENSACOLA FL 32501 | | 3.4 CITY-ST-ZIP | |
| TITLE P | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME THOMAS, J R | | 4.2 NAME | |
| STREET ADDRESS 411 SHORELINE DR | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP PACE FL 32571 | | 4.4 CITY-ST-ZIP | |
| TITLE VP | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME ROSENBAUM, E B | | 5.2 NAME | |
| STREET ADDRESS P O BOX 12388 N/A | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP PENSACOLA FL 32582 | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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, with all other like empowered.

SIGNATURE: L. E. CREEL, JR. REQUIRED L E Creel, Jr. 2/3/99 850 433-8674

CR2E037 (11/98)