


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)


FILED
Feb 04, 2005 08:00 AM
Secretary of State

DOCUMENT # N49524 1. Entity Name SCOTTISH RITE BUILDING ASSOCIATION, INC.	
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Principal Place of Business 2 EAST WRIGHT STREET PENSACOLA FL 32501	Mailing Address 2 EAST WRIGHT STREET PENSACOLA FL 32501
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2. Principal Place of Business <i>AS ABOVE</i>	3. Mailing Address <i>AS ABOVE</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country
Zip	Country



1st MOORE CR2E037 (10/04)

4. FEI Number 59-6152328	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CREEL, L E JR 10100 HILLVIEW DRIVE APT 116 PENSACOLA FL 32514	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	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
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10. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> Delete THOMAS, JAMES R 4121 BAYFRONT TERR PACE FL 32571
TITLE	VD <input type="checkbox"/> Delete ROSENBAUM, EB 2909 PALAFOX STREET PENSACOLA FL 32501
TITLE	SD <input type="checkbox"/> Delete CREEL, LE 10100 HILLVIEW DR #116 PENSACOLA FL 32514
TITLE	D <input type="checkbox"/> Delete KAHH, RH 320 W LEE STREET PENSACOLA FL 32501
TITLE	D <input type="checkbox"/> Delete BOOKER, FE 106 W LORETTA ST PENSACOLA FL 32597
TITLE	D <input type="checkbox"/> Delete HEULE, FI 3505 MARJEAN DR PENSACOLA FL 32504

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	U000000216271
STREET ADDRESS	02/05/05-80040-024 61.25
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: L E Creel L. E. CREEL, SEC 1/20/05 (850) 473 0195

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #