FILE NOW: FILING FEE IS $61.25

FILED
Mar 03, 1999 8:00 am
Secretary of State
03-03-1999 90055 034 ****61.25

0077761

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N95000005170**

1. Corporation Name
YORK RITE MASONIC BODIES OF PENSACOLA FOUNDATION , INC.

154397 · 90055 · 34

Principal Place of Business	Mailing Address
1090 SCENIC HIGHWAY PENSACOLA FL 32503	1090 SCENIC HIGHWAY PENSACOLA FL 32503

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	11/01/1995
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3396007 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

SMITH, GREGORY D
201 SOUTH BAYLEN STREET
SUITE B
PENSACOLA FL 32501

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 _____ 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	☐ DELETE	1.1 TITLE D	D	☒ Change ☐ Addition
NAME	SEIBERT, HARRY W		1.2 NAME	SMITH, GREGORY D.	
STREET ADDRESS	7630 SANDY CREEK CT		1.3 STREET ADDRESS	201 SOUTH BAYLEN STREET	
CITY-ST-ZIP	PENSACOLA FL 32506		1.4 CITY-ST-ZIP	PENSACOLA, FL 32501	
TITLE	D	☐ DELETE	2.1 TITLE	D	☒ Change ☐ Addition
NAME	SECREST, JOSEPH W SR		2.2 NAME	CHARLES PEREZ	
STREET ADDRESS	3511 TIDE DR		2.3 STREET ADDRESS	7649 NORTH POINTE DRIVE	
CITY-ST-ZIP	PENSACO FL 32504		2.4 CITY-ST-ZIP	PENSACOLA, FL 32514	
TITLE	D	☒ DELETE	3.1 TITLE	D	☒ Change ☐ Addition
NAME	BRIGGS, FREDDIE C JR		3.2 NAME	CHARLES A. HENDRIX	
STREET ADDRESS	5566 SHADOW GROVE BLVD.		3.3 STREET ADDRESS	5799 YUCCA DRIVE	
CITY-ST-ZIP	PENSACOLA FL 32526		3.4 CITY-ST-ZIP	MILTON, FL 32583	
TITLE	D	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BAILEY, DAVID E JR.		4.2 NAME		
STREET ADDRESS	400 NORTH PACE BLVD.		4.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32501		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	WHITEHEAD, LEONARD		5.2 NAME		
STREET ADDRESS	309 ADA WILSON DRIVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32507		5.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	DUNLAP, HARRY A JR.		6.2 NAME		
STREET ADDRESS	5803 EAST SHORE DRIVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32505		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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: SIGNATURE REQUIRED 2/10/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #