2000 UNIFORM BUSINESS REPORT (UBR)

Mar 30, 2000 8:00 am Secretary of State OCUMENT. # N95000005170 03-30-2000 90040 023 ****61.25 YORK RITE MASONIC BODIES OF PENSACOLA FOUNDATION Mailing Address ப்பட்டுக்! Place of Business 1090 SCENIC HIGHWAY SCENIC HIGHWAY U & U J & O PENSACOLA FL 32503-6617 Principal Place of Business 3. Mailing Address 189 W. Airport Blvd. 189 W. Airport Blvd. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State 59-3396007 Pensacola, Florida Pensacola, Florida Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 32505 32505 Escambia Escambia 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) SMITH, GREGORY D 201 SOUTH BAYLEN STREET SUITE B Zip Code FŁ PENSACOLA FL 32501 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Department of State **FEE IS \$61.25** Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. D Change ☐ Addition TITLE riTi F ☐ Delete SEIBERT, HARRY W NAME BALL, MORGAN J. IAME STREET ADDRESS STREET ADDRESS 7630 SANDY CREEK CT 4693 KIMBERLY DRIVE CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32506 PENSACOLA, FL 32526 TITLE Change Ch ☐ Addition TITLE Defete SECREST, JOSEPH W SR NAME NAME SILER, ARNOLD J., sr. STREET ADDRESS STREET ADDRESS 3511 TIDE DR 8404 WILLIAMSBURG CIRCLE CITY-ST-ZIP CITY-ST-7IP PENSACO FL 32504 PENSACOLA, FL 32514 ☐ Change ☐ Addition TITLE Delete TITLE VAME smith, Grfegory D NAME STREET ADORESS STREET ADDRESS 201 SOUTH BAYLEN STREET CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32501 Addition □ Change ☐ Delete TITLE TITLE VAME PEREZ, CHARLES NAME STREET ADDRESS STREET ADDRESS 7649 NORTH POINTE DRIVE CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32514 X Delete TITLE Change Addition III E NAME WHITEHEAD, LEONARD NAME STREET ADDRESS STREET ADDRESS 309 ADA WILSON DRIVE CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32507 Delete TITLE ☐ Change Addition TITI F NAME HENDRIX, CHARLES A NAME STREET ADDRESS STREET ADDRESS 5799 YUCCA DRIVE CITY-ST-ZIP CITY-ST-ZIP MILTON FL 32583

12. 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 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:

SIGNATURE BEQUIRED Ctor

March 14, ,2000

FILED