

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 17, 2006 8:00 am
Secretary of State

05-17-2006 90017 029 ****61.25

DOCUMENT # N95000005170

1. Entity Name

**YORK RITE MASONIC BODIES OF PENSACOLA
FOUNDATION, INC.**



Principal Place of Business

**189 W AIRPORT BLVD
PENSACOLA FL 32505**

Mailing Address

**189 W AIRPORT BLVD
PENSACOLA FL 32505**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-3396007

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

GILMAN, RICHARD A

Street Address (P.O. Box Number is Not Acceptable)

4168 AQUA VISTA DRIVE

City

PENSACOLA

FL

Zip Code
32504

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 Richard A. Gilman

Signature, typed or printed name of registered agent and title if applicable

Richard A. Gilman

(NOTE: Registered Agent signature required when reinstating)

DATE

5-09-2006

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
NAME **RODGERS, O. THOMAS**
STREET ADDRESS **1755 FAIRCHILD**
CITY-ST-ZIP **PENSACOLA FL 32504**

TITLE **D** ☐ Delete
NAME **LAROSE, ARTHUR J**
STREET ADDRESS **2646 SHERILANE DR**
CITY-ST-ZIP **PENSACOLA FL 32533**

TITLE **D** ☐ Delete
NAME **JACOBS, WILLIAM R**
STREET ADDRESS **4057 SHERIDAN DR**
CITY-ST-ZIP **PACE FL 32526**

TITLE **D** ☐ Delete
NAME **LECROY, CHARLES T**
STREET ADDRESS **2985 BENT OAK RD**
CITY-ST-ZIP **PENSACOLA FL 32526**

TITLE **D** ☒ Delete
NAME **BALL, MORGAN J**
STREET ADDRESS **4693 KIMBERLY DRIVE**
CITY-ST-ZIP **PENSACOLA FL 32526**

TITLE **D** ☒ Delete
NAME **SMITH, GENE E**
STREET ADDRESS **2600 N YATES AVE**
CITY-ST-ZIP **PENSACOLA FL 32503**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition
NAME **HAYNO, DALE L**
STREET ADDRESS **2378 WINDSTONE DRIVE**
CITY-ST-ZIP **PENSACOLA FL 32526**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☒ Change ☐ Addition
NAME **LECROY, CHARLES T**
STREET ADDRESS **783 BISON ROAD**
CITY-ST-ZIP **PENSACOLA FL 32514**

TITLE **D** ☐ Change ☒ Addition
NAME **WHITEHEAD, LEONARD E**
STREET ADDRESS **309 ADA WILSON DRIVE**
CITY-ST-ZIP **PENSACOLA FL 32507**

TITLE **D** ☐ Change ☒ Addition
NAME **CROOKE, JACK O**
STREET ADDRESS **P O BOX 34278**
CITY-ST-ZIP **PENSACOLA FL 32507**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

C. Thomas LeCroy

C. Thomas LeCroy

5-09-2006

850-969-9016