2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 09, 2007 8:00 am
Secretary of State
05-09-2007 90094 018 ****61.25

DOCUMENT # N95000005170

1. Entity Name

YORK RITE MASONIC BODIES OF PENSACOLA FOUNDATION, INC.

Principal Place of Business	Mailing Address
189 W AIRPORT BLVD PENSACOLA FL 32505	189 W AIRPORT BLVD PENSACOLA FL 32505

1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

SMITH, GREGORY D
4168 AQUA VISTA DR
PENSACOLA FL 32504

7. Name and Address of New Registered Agent

Name: Jacobs, William R.
Street Address (P.O. Box Number is Not Acceptable): 4057 Sheridan Dr
City: Pace **FL** Zip Code: 32571

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: WILLIAM R. JACOBS, SECRETARY/RECORDER 4/24/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2007

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HAYNO, DALE L 2378 WINDSTONE DR PENSACOLA FL 32526	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D Bryant, Jr. , John H 3251 Hwy 97 S. Cantonment, FL 32573	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LAROSE, ARTHUR J 2646 SHERILANE DR PENSACOLA FL 32533	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY ST-ZIP	VP LaRose, Arthur J. 2646 Sherrilane Dr Cantonment, FL 32533	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JACOBS, WILLIAM R 4057 SHERIDAN DR PACE FL 32526	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	P Cobb, Charles H 1240 Dunmire St. Pensacola, FL 32504	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LECROY, CHARLES T 783 BISON RD PENSACOLA FL 32514	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D Walker, Jr.,David A 1600 Governors Dr. 1313 Pensacola, FL 32504	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WHITEHEAD, LEONARD E 309 ADA WILSON DR PENSACOLA FL 32507	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CROOKE, JACK O POB 34278 PENSACOLA FL 32507	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST-ZIP		☐ Change ☐ Addition

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: WILLIAM R. JACOBS 4/24/07 850-969-8016
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #