

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005170

FILED
Apr 17, 2009
Secretary of State

Entity Name: YORK RITE MASONIC BODIES OF PENSACOLA FOUNDATION, INC.

Current Principal Place of Business:

189 W AIRPORT BLVD
PENSACOLA, FL 32505

New Principal Place of Business:

Current Mailing Address:

189 W AIRPORT BLVD
PENSACOLA, FL 32505

New Mailing Address:

FEI Number: 59-3396007

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JACOBS, WILLIAM
6057 SHERIDAN DR.
MILTON, FL 32571 US

Name and Address of New Registered Agent:

JACOBS, WILLIAM R
4057 SHERIDAN DR
PACE, FL 32571 US

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: WILLIAM R JACOBS

04/17/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BRYANT, JOHN H JR.
Address: 3251 HWY 97 S.
City-St-Zip: PENSACOLA, FL 32573

Title: VP () Delete
Name: LAROSE, ARTHUR J
Address: 2646 SHERRILANE DR.
City-St-Zip: CANTONMENT, FL 32533

Title: D () Delete
Name: GAITHER, JOHNNY D
Address: 5296 SPRING ST
City-St-Zip: PACE, FL 32571

Title: P () Delete
Name: COBB, CHARLES H
Address: 1240 DUNMIRE ST
City-St-Zip: PENSACOLA, FL 32504

Title: D () Delete
Name: PARKS, RONALD L
Address: 624 WAYNE AVE
City-St-Zip: PENSACOLA, FL 32507

Title: D () Delete
Name: KIRTLGY, CARL G
Address: 9807 LOQUAT DR
City-St-Zip: PENSACOLA, FL 32506

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BRIGGS, F C JR.
Address: 14375 INNERARITY POINT RD
City-St-Zip: PENSACOLA, FL 32507

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: WALKER, DAVID A JR
Address: 1767 CONDOR DR
City-St-Zip: CANTONMENT, FL 32533

Title: P (X) Change () Addition
Name: PEREZ, CHARLES
Address: 7649 NORTHPOINTE DR
City-St-Zip: PENSACOLA, FL 32514

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM R JACOBS

S

04/17/2009

Electronic Signature of Signing Officer or Director

Date