

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004801

FILED
Apr 22, 2004
Secretary of State

Entity Name: OCALA SCOTTISH RITE HOLDING CORPORATION

Current Principal Place of Business:

3632 N.E. 7TH ST.
OCALA, FL 344701046

New Principal Place of Business:

Current Mailing Address:

3632 N.E. 7TH ST.
OCALA, FL 344701046

New Mailing Address:

FEI Number: 59-6136216 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILSON, PAUL E JR
21 SE WENONA AVE.
OCALA, FL 34471 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: AYRES, BENJAMIN H
Address: 215 ASHLEY COURT
City-St-Zip: OCALA, FL 344718381

Title: VT () Delete
Name: ANDERS, NORMAN G
Address: 719 COACHMAN DRIVE
City-St-Zip: LEESBURG, FL 347486262

Title: STT () Delete
Name: MITCHELL, STEVE
Address: 828 NE 51ST AVE
City-St-Zip: OCALA, FL 34470

Title: T () Delete
Name: WILSON, PAUL E JR
Address: 21 SE WENONA AVENUE
City-St-Zip: OCALA, FL 34471

Title: T () Delete
Name: AYRES, BENJAMIN H
Address: 215 ASHLEY CT
City-St-Zip: OCALA, FL 344718381

Title: T () Delete
Name: GRANT, MARK I JR
Address: 5400 SW 83RD PLACE
City-St-Zip: OCALA, FL 344763788

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change () Addition
Name: MURPHEY, MILLEDGE
Address: 1815 NW 7TH PLACE
City-St-Zip: GAINESVILLE, FL 32603

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

Title: STT (X) Change () Addition
Name: AYRES, BENJAMIN H
Address: 215 ASHLEY COURT
City-St-Zip: OCALA, FL 34471

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

Title: T (X) Change () Addition
Name: MITCHELL, STEVE
Address: 828 NE 51ST AVENUE
City-St-Zip: OCALA, FL 34470

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BENJAMIN H. AYRES

STT

04/22/2004

Electronic Signature of Signing Officer or Director

Date