2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2023
Secretary of State
8914023239CC

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

Current Principal Place of Business:

189 W AIRPORT BLVD
PENSACOLA, FL 32505

Current Mailing Address:

189 W AIRPORT BLVD
PENSACOLA, FL 32505 US

FEI Number: 59-3396007

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JACOBS, WILLIAM R
8605 EIGHT MILE CREEK RD
PENSACOLA, FL 32526 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:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PRESIDENT
Name	PARKS, RONALD L
Address	624 WAYNE AVE.
City-State-Zip:	PENSACOLA FL 32507

Title	TREASURER
Name	PAULCHEK, WILLIAM R SR.
Address	5273 WESTWIND CIR.
City-State-Zip:	PENSACOLA FL 32526

Title	DIRECTOR
Name	COX, ALAN B
Address	2324 PANHANDLE TRAIL
City-State-Zip:	NAVARRE FL 32566

Title	DIRECTOR
Name	SCHUTTS, JOSHUA W
Address	515 W. ROMANA ST
City-State-Zip:	PENSACOLA FL 32502

Title	SECRETARY
Name	JACOBS, WILLIAM R
Address	8605 EIGHT MILE CREEK RD
City-State-Zip:	PENSACOLA FL 32526

Title	DIRECTOR
Name	MEISTER, JEFFERY W SR.
Address	1600 GOVERNORS DR. APT. #911
City-State-Zip:	PENSACOLA FL 32514

Title	DIRECTOR
Name	THIERGART, OTTO E
Address	9195 GULF BEACH HWY
City-State-Zip:	PENSACOLA FL 32507

Title	DIRECTOR
Name	WALLACH, SCOTT F
Address	9916 ELERAL DR
City-State-Zip:	PENSACOLA FL 32526

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I hereby 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 all other like empowered.

SIGNATURE: WILLIAM R JACOBS SECRETARY 04/26/2023

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	DRAEVING, JAMES E
Address	2003 ALFFRED BLVD
City-State-Zip:	NAVARRE FL 32566