2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2005
Secretary of State

DOCUMENT# N02000006797

Entity Name: SCOTTISH RITE TEMPLE ASSOCIATION OF KEY WEST, FLORIDA, INC.

Current Principal Place of Business:

533 EATON STREET
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

533 EATON STREET
KEY WEST, FL 33040

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VETRICK, JOSEPH
321 TAVERNIER STREET
TAVERNIER, FL 33070 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: D ( ) Delete
Name: WAITE, CHARLES
Address: 47 PALMETTO DRIVE
City-St-Zip: KEY WEST, FL 33040

Title: D ( ) Delete
Name: RONEY, DAVID W
Address: 19609 CALOOSA STREET
City-St-Zip: SUGARLOAF KEY, FL 33042

Title: D ( ) Delete
Name: HEMMELGARN, WILLIAM J
Address: 3224 HARRIET AVENUE
City-St-Zip: KEY WEST, FL 33040

Title: D ( ) Delete
Name: GASKIN, E. WAYNE
Address: 262 KEY HONEY LANE
City-St-Zip: TAVERNIER, FL 33070

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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: E. WAYNE GASKIN DIR 02/16/2005

Electronic Signature of Signing Officer or Director — Date