

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90090 011 ****61.25

DOCUMENT # 758842

1. Entity Name

KEYSTONE HEIGHTS SHRINE CLUB ASSOCIATION, INC.



Principal Place of Business

5593 SE 3RD AVE
KEYSTONE HEIGHTS FL 32090
US

Mailing Address

PO BOX 152
KEYSTONE HEIGHTS FL 32656
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-2863380

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCMEEKIN, ELLINGTON J JR
PO BOX 128
21907 SE 17TH AVE
HAWTHORNE FL 32640

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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, 2006

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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	SKELTON, ROGER	
STREET ADDRESS	126 SERENITY DR	
CITY - ST - ZIP	MELROSE FL 32666	

TITLE	S/T	<input type="checkbox"/> Delete
NAME	MCMEEKIN, ELLINGTON J JR.	
STREET ADDRESS	PO BOX 128	
CITY - ST - ZIP	HAWTHORNE FL 32640-0128	

TITLE	1VP	<input checked="" type="checkbox"/> Delete
NAME	SALVONIC, FRANK	
STREET ADDRESS	PO BOX 973	
CITY - ST - ZIP	KEYSTONE HEIGHTS FL 32656	

TITLE	TRUS	<input type="checkbox"/> Delete
NAME	BAKER, DONALD A	
STREET ADDRESS	6418 BAKER RD	
CITY - ST - ZIP	KEYSTONE HEIGHTS FL 32656	

TITLE	TRUS	<input type="checkbox"/> Delete
NAME	HUGHES, HAROLD	
STREET ADDRESS	8282 169TH ROAD	
CITY - ST - ZIP	LIVE OAK FL 32060	

TITLE	TRUS	<input type="checkbox"/> Delete
NAME	BRICKLE, ED	
STREET ADDRESS	15240 US 301 SOUTH	
CITY - ST - ZIP	LOCHLOOSA FL 32662	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rudolf Fonseca	
STREET ADDRESS	P.O. Box 1582	
CITY - ST - ZIP	Interlachen, FL 32148	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	1 St V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kennth Gunter	
STREET ADDRESS	5737 North Crater Lake	
CITY - ST - ZIP	Keystone Heights, FL 32656	<input type="checkbox"/> Change <input type="checkbox"/> Addition

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	2 Nd. V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James R. Greene	
STREET ADDRESS	P.O. Box 15	
CITY - ST - ZIP	Interlachen, FL 32148	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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: *E. J. McMeekin, Jr. & J. McMeekin, Jr. 1-46-06 355-441-3591*