


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90111 026 \*\*\*\*61.25

<b>DOCUMENT # 758842</b>	
1. Entity Name <b>KEYSTONE HEIGHTS SHRINE CLUB ASSOCIATION, INC.</b>	

Principal Place of Business <b>5593 SE 3RD AVE KEYSTONE HEIGHTS FL 32090 US</b>	Mailing Address <b>PO BOX 152 KEYSTONE HEIGHTS FL 32656 US</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/06)

4. FEI Number <b>59-2863380</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>
<b>MCMEEKIN, ELLINGTON J JR PO BOX 128 21907 SE 17TH AVE HAWTHORNE FL 32640</b>

<b>7. Name and Address of New Registered Agent</b>
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
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<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE	<b>TRUS.</b> <input type="checkbox"/> Delete
NAME	<b>PONSECA, RUDOLF</b>
STREET ADDRESS	<b>P.O. BOX 1582</b>
CITY-ST-ZIP	<b>INTERLACHEN FL 32148</b>
TITLE	<b>S/T</b> <input type="checkbox"/> Delete
NAME	<b>MCMEEKIN, ELLINGTON J JR.</b>
STREET ADDRESS	<b>PO BOX 128</b>
CITY-ST-ZIP	<b>HAWTHORNE FL 32640-0128</b>
TITLE	<b>TRUS</b> <input type="checkbox"/> Delete
NAME	<b>GÜNTER, KENNETH</b>
STREET ADDRESS	<b>5737 NORTH CRATER LAKE</b>
CITY-ST-ZIP	<b>KEYSTONE HEIGHTS FL 32656</b>
TITLE	<b>TRUS</b> <input checked="" type="checkbox"/> Delete
NAME	<b>BAKER, DONALD A</b>
STREET ADDRESS	<b>6418 BAKER RD</b>
CITY-ST-ZIP	<b>KEYSTONE HEIGHTS FL 32656</b>
TITLE	<b>TRUS</b> <input checked="" type="checkbox"/> Delete
NAME	<b>HUGHES, HAROLD</b>
STREET ADDRESS	<b>8282 169TH ROAD</b>
CITY-ST-ZIP	<b>LIVE OAK FL 32060</b>
TITLE	<b>TRUS</b> <input type="checkbox"/> Delete
NAME	<b>BRICKLE, ED</b>
STREET ADDRESS	<b>15240 US 301 SOUTH</b>
CITY-ST-ZIP	<b>LOCHLOOSA FL 32662</b>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>1 ST</b>
STREET ADDRESS	<b>William (Billy) Wolf</b>
CITY-ST-ZIP	<b>7184 King St. Keystone Heights, FL 32656</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>2 ND</b>
STREET ADDRESS	<b>Wally Riviere</b>
CITY-ST-ZIP	<b>6887 CR. 214 Melrose, FL 32666</b>
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.* **Jan. 31, 2007** **352-481-2591**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #