## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # C10310



May 01, 2006 8:00 am Secretary of State 05-01-2006 90303 043 \*\*\*\*61.25

**FILED** 

|   | KEYS LODGE NO. 336 FF<br>OF FLORIDA  | REE AND ACCEPTE   | D  |  |  |  |   |   |  |
|---|--|---|--|--|--|--|---|---|--|
| Principal Place<br>ROY CONNOR<br>220 OCEAN S<br>JACKSONVILL   | RSHEPPARD  | Mailing Address<br>ROY CONNOR SHEPPA<br>220 OCEAN ST<br>JACKSONVILLE, FL 32 |  |  |  | <br>It <b>io</b> ili <b>o</b> ilivi arik didi  | II SIBIL BIBII BIBII  | [18]  E ]   | <b>T</b> I <b>E</b> I   <b>3</b>       |
| 2. Principal Place of Business 3. M   |  | 3. Mailing Address  | Mailing Address  |  |  |  |   |   |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.   | Suite, Apt. #, etc.  |  | 02062006 Chg-NP CR2E037 (11/05)  |  |   |   |  |
| City & State  |  | City & State  | City & State   |  | 4. FEI Number 59-0369358   |  |   | Not   | olied For<br>Applicable                |
| Zip   | Country  | Zip   | Country  | <b>5</b> . C   | 5. Certificate of Status Desired   |  |   |   |  |
| 6. Name and Address of Current Registered Agent   |  |   |  | 7. N   | ame and Addre  | ess of New Regi  | stered Agent  |   |  |
| SHEPPARD, RPY CONNOR<br>220 OCEAN STREET<br>JACKSONVILLE, FL 32202  |  |   | Street A   | Name Street Address (P.O. Box Number is Not Acceptable)  |  |  |   |   |  |
|   |  |   | City   |  |  |  | FL Z  | ip Code   |  |
|   | <ul> <li>named entity submits this statement formula</li> <li>tions of registered agent.</li> </ul>  | or the purpose of changing it   | ts registered office o   | r registered age   | int, or both, in t   | he State of Florida  | a. I am familia   | ar with, a  | and accept                             |
|   | nons of registered agent.  |   |  |  |  |  |   |   |  |
| SIGNATURE   | Signature, typed or printed name of registered agen  | t and title if applicable. (NO  | OTE: Registered Agent signa:   | ure required when reli   | nstating)  |  | DATE  |   |  |
| SIGNATURE   |  | 9. Election Ca  | PTE: Registered Agent signs:   | \$5.0  | O May Be   |  | DATE<br>e check pay   |   |  |
| SIGNATURE   | Signature, typed or printed name of registered agen  | 9. Election Ca<br>Trust Fund  | ampaign Financing  | □ \$5.0<br>Added   | <b>0</b> May Be I to Fees  |  | e check pay<br>Departmen  | t of Sta  | ite                                    |
|   | Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2006   | 9. Election Ca<br>Trust Fund  | ampaign Financing<br>Contribution,   | \$5.0 Added  | <b>0</b> May Be I to Fees  | Florida<br>S TO OFFICERS   | e check pay<br>Departmen  | of Sta  | ite                                    |
| 10. TITLE NAME  | Signature, typed or printed name of registered agen Filling Fee is \$61.25 Due by May 1, 2006  OFFICERS AND D D LAURA, RAYMOND L   | 9. Election Ca<br>Trust Fund  | ampaign Financing<br>Contribution.   | S5.0 Added   | 0 May Be<br>I to Fees<br>ONS/CHANGE  | Florida<br>S TO OFFICERS<br>MASTER   | e check pay<br>Departmen  | of Sta  | 10                                     |
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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 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:** 

TIMOTHY E. DRESSING

305-522-3982