


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

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90023 028 ****70.00

DOCUMENT # C930000000021	
1. Entity Name KEYSTONE CHAPTER NO. 20, ROYAL ARCH MASONS	

Principal Place of Business J. DEWEY HAWKINS LODGE 565 NE 42 COURT FORT LAUDERDALE FL 33334	Mailing Address WILLIAM D. SPIKER 1546 N.E. 17TH WAY FT. LAUDERDALE FL 33304-1335
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



1st MOORE CR2E037 (10/05)

4. FEI Number 59-0623887	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SPIKER, WILLIAM D 1546 N.E. 17TH WAY FORT LAUDERDALE FL 33304-1335	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent Signature required when reconstituting) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LARGE, JACK M 2260 N.E. 62ND STREET FORT LAUDERDALE FL 33308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEYER, EMIL SKIP 6300 NW 20TH STREET POMPANO BEACH FL 33063-2315 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEAUDET, MICHAEL G 1312 SW 17TH STREET FORT LAUDERDALE FL 33315-1944 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANTHONY V. FREELAND <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2175 NW 2ND COURT POMPANO BEACH FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ARTEAGA, MIGUEL 7337 TEXAS TRAIL BOCA RATON FL 33021 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MICHAEL BRUNER <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 405 S ADD HIGHWAY #900 POMPANO BEACH FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SPIKER, WILLIAM D 1546 N.E. 17TH WAY FORT LAUDERDALE FL 33304 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *William D. Spiker* **WILLIAM D. SPIKER** 1-18-2006 1546 33304