


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 12, 2005 8:00 am
Secretary of State

09-12-2005 90005 021 *****61.25

DOCUMENT # N20193 1. Entity Name CELERY CITY LODGE #542, INC.					
Principal Place of Business 619 CYPRESS AVENUE SANFORD, FL 32771			Mailing Address 619 CYPRESS AVENUE SANFORD, FL 32771		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SANDS, WILLIAM SR. 60 CARRIAGE HILL CIRCLE CASSELBERRY, FL 32707			Name CUMMINGS, JR ROOSEVELT Street Address (P.O. Box Number is Not Acceptable) 1606 EAST 20TH STREET City SANFORD FL 32771		
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 <u>Roosevelt Cummings, Jr.</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <u>09/07/2005</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by September 7, 2005		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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DTR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FORD, CLARENCE		NAME		
STREET ADDRESS	1832 COOLIDGE AVE		STREET ADDRESS		
CITY-ST-ZIP	SANFORD, FL 32771		CITY-ST-ZIP		
TITLE	DTR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JONES, THEATTERESS		NAME		
STREET ADDRESS	1800 JERRY AVE		STREET ADDRESS		
CITY-ST-ZIP	SANFORD, FL 32771		CITY-ST-ZIP		
TITLE	DTR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EVANS, RICHARD		NAME		
STREET ADDRESS	2701 BUNGALOW BLVD.		STREET ADDRESS		
CITY-ST-ZIP	SANFORD, FL		CITY-ST-ZIP		
TITLE	C	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EVANS, RICHARD		NAME		
STREET ADDRESS	2701 BUNGALOW BLVD		STREET ADDRESS		
CITY-ST-ZIP	SANFORD, FL 32771		CITY-ST-ZIP		
TITLE	ER	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SANDS, WILLIAMS L		NAME		
STREET ADDRESS	60 CARRIAGE HILL CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	CASSELBERRY, FL 32707Y		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <u>Richard L. Evans</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <u>09/07/2005</u> DAYTIME PHONE # <u>407-323-4433</u>		

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09072005 Chg-NP CR2E037 (10/03)