


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90405 031 ****61.25

DOCUMENT # N33499		
1. Entity Name ZEPHYRHILLS B.P.O.E. #2731, INC.		

Principal Place of Business 6851 WIRE RD. ZEPHYRHILLS, FL 33542-1655 US	Mailing Address P.O. BOX 1406 ZEPHYRHILLS, FL 33539-1406 US
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50012494

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01042006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-2806594	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
RITCHIE, R M 6531 FOXMOOR DRIVE ZEPHYRHILLS, FL 33541		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RITCHIE, R M	NAME	
STREET ADDRESS	6531 FOXMOOR DRIVE	STREET ADDRESS	
CITY-ST-ZIP	ZEPHYRHILLS, FL 33541	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, JOHN JERRY	NAME	EXALTED RULER
STREET ADDRESS	35452 JOMAR AVE	STREET ADDRESS	Roberts, Sr. John T
CITY-ST-ZIP	ZEPHYRHILLS, FL 335414639	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERRY, ALICE M	NAME	
STREET ADDRESS	5344 HILL DR	STREET ADDRESS	
CITY-ST-ZIP	ZEPHYRHILLS, FL 335423332	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAUFF, RAYMOND	NAME	
STREET ADDRESS	5537 APACHE ST	STREET ADDRESS	
CITY-ST-ZIP	ZEPHYRHILLS, FL 33541	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WITHEY, ERLAND J	NAME	
STREET ADDRESS	39835 SUNBURST DRIVE	STREET ADDRESS	
CITY-ST-ZIP	DADE CITY, FL 335251474	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	D
STREET ADDRESS		STREET ADDRESS	William Knapp
CITY-ST-ZIP		CITY-ST-ZIP	11116 MELODY LN. DADE CITY, FL 33525

12. I hereby certify that the information supplied with this filing 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: John F. Roberts, Sr. John F. Roberts, Sr. 4-13-06 813-782-4604
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #