


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # N42475	
1. Entity Name UNION TEMPLE ASSOCIATION, INCORPORATED	

Principal Place of Business UNION LODGE #47 F&AM PHA. KEY WEST, FL 33040	Mailing Address 328 TRUMAN AVENUE KEY WEST, FL 33040
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DO NOT WRITE IN THIS SPACE



02082006 No Chg-NP CR2E037 (11/05)

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

6. Name and Address of Current Registered Agent THURSTON, BERNARD N JR. 328 TRUMAN AVENUE KEY WEST, FL 33040
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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Filing 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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FORTSON, JEAN 209 VIRGINIA ST. KEY WEST, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUS LEGGETT, JOAN ALLEN 20-E 11TH AVENUE KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CASTILLO, AARON 307 VIRGINIA ST. KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WEECH, MARY 211 TRUMAN AVE KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SAWYER, ANTHONY E-6 11TH AVE. KEY WEST, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THURSTON, BERNARD N JR. 328 TRUMAN AVENUE KEY WEST, FL 33040

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02/23/06-80040-013 61.25

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: 	02-0806
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>