

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 23, 2008 8:00 am**  
**Secretary of State**

05-23-2008 90019 015 \*\*\*\*61.25

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



03062008 No Chg-NP

CR2E037 (4/06)

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

THURSTON, BERNARD N JR.  
328 TRUMAN AVENUE  
KEY WEST, FL 33040

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	V
NAME	FORTSON, JEAN
STREET ADDRESS	209 VIRGINIA ST.
CITY-ST-ZIP	KEY WEST, FL
TITLE	TRUS
NAME	LEGGETT, JOAN ALLEN
STREET ADDRESS	20-E 11TH AVENUE
CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	T
NAME	CASTILLO, AARON
STREET ADDRESS	307 VIRGINIA ST.
CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	T
NAME	WEECH, MARY
STREET ADDRESS	211 TRUMAN AVE
CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	T
NAME	SAWYER, ANTHONY
STREET ADDRESS	E-6 11TH AVE.
CITY-ST-ZIP	KEY WEST, FL
TITLE	P
NAME	THURSTON, BERNARD N JR.
STREET ADDRESS	328 TRUMAN AVENUE
CITY-ST-ZIP	KEY WEST, FL 33040

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #