


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 28, 2005 8:00 am**  
**Secretary of State**

03-28-2005 90057 004 \*\*\*\*61.25

<b>DOCUMENT # 705516</b> 1. Entity Name <b>PLANTATION ELKS CLUB, INC.</b>	
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Principal Place of Business <b>7351 N.W. 5TH STREET PLANTATION FL 33317</b>	Mailing Address <b>7351 N.W. 5TH STREET PLANTATION FL 33317</b>
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2. Principal Place of Business <b>4632 N. Hiatus Road</b> Suite, Apt. #, etc.	3. Mailing Address <b>4632 N. Hiatus Road</b> Suite, Apt. #, etc.
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City & State <b>Sunrise FL</b>	City & State <b>Sunrise FL</b>
Zip <b>33351</b>	Country <b>Broward</b>
Zip <b>33351</b>	Country <b>Broward</b>



1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent <b>KNIGHT, JACK 11510 NW 31 ST SUNRISE FL 33323</b>	
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4. FEI Number <b>59-0999956</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

7. Name and Address of New Registered Agent	
Name <b>John Cowan</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>5248 SW 34 Street</b>	
City <b>Ft. Lauderdale</b>	State <b>FL</b>
	Zip Code <b>33314-8958</b>

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 *John Cowan* **John Cowan** 3/22/05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>RALEIGH, ARNETT</b> <b>6555 W. BROWARD BLVD. #308</b> <b>PLANTATION FL 33317</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>NAPHOLZ, JAMES</b> <b>7961 NW 53 STREET</b> <b>LAUDERHILL FL 33351</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BURKE, JOHN</b> <b>711 HOLLY LANE</b> <b>PLANTATION FL 33317</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KNIGHT, JACK</b> <b>11510 NW 31 ST</b> <b>SUNRISE FL 33323</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KLAFFKA, LISA</b> <b>4381 NW 116 AVENUE</b> <b>SUNRISE FL 33323</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>COWAN, JOHN</b> <b>5248 SW 34 ST.</b> <b>FORT LAUDERDALE FL 33314</b> <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>Bill Baker</b> <b>1200 NW 118 Ave</b> <b>Plantation FL 33323-2416</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Denise May</b> <b>5061 SW 11 St</b> <b>Plantation FL 33317-4408</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Roy Livigni</b> <b>9148 B SW 23 St</b> <b>Ft. Lauderdale FL 33324</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: *Bill Baker* **Bill Baker** 3/22/05 **8AM - noon**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone # **954-742-8840**