



**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90533 036 \*\*\*\*61.25

<b>DOCUMENT # 722251</b>					
1. Entity Name NORTH MIAMI ELKS LODGE 1835, INC.					
Principal Place of Business 12495 NE 2ND AVENUE NORTH MIAMI, FL 33161		Mailing Address 12495 NE 2ND AVENUE NORTH MIAMI, FL 33161			
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 59-6478697	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DELUCCA, ANTHONY J, SR 14370 NE 4TH AVE MIAMI, FL 33161			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 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	VD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAMINSKA, DON		NAME	Kaminska, Don	
STREET ADDRESS	3205 FLAMINGO RD., PMB 109		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD, FL 33027		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRAINOR, EDWARD		NAME		
STREET ADDRESS	13900 NW 30TH AVE.		STREET ADDRESS		
CITY-ST-ZIP	OPA LOCKA, FL 33054		CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ORTIZ, NICOLAS		NAME	Tanner, Larry	
STREET ADDRESS	19940 NW 83RD AVE.		STREET ADDRESS	480 NE 128th St.	
CITY-ST-ZIP	MIAMI, FL 33315		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	North Miami, FL 33161	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAYS, NANCY		NAME	SD	
STREET ADDRESS	10190 COLLINS AVE		STREET ADDRESS	Borsuk, Patricia	
CITY-ST-ZIP	BAL HARBOUR, FL 33154		CITY-ST-ZIP	1461 NE 169th St. #223	
TITLE	ATD	<input type="checkbox"/> Delete	TITLE	North Miami, FL 33161	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELUCCA, ANTHONY J SR.		NAME		
STREET ADDRESS	12495 N.E. 2ND AVE.		STREET ADDRESS		
CITY-ST-ZIP	N. MIAMI, FL		CITY-ST-ZIP		
TITLE	CD	<input checked="" type="checkbox"/> Delete	TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CUNNINGHAM, RICHARD		NAME	Ortiz, Joseph Sr.	
STREET ADDRESS	185 NE 12TH ST.		STREET ADDRESS	1000 NW 150th St.	
CITY-ST-ZIP	MIAMI, FL 33161		CITY-ST-ZIP	Miami, FL 331698	
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: 			4/27/05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
			Daytime Phone #		

00046165



04272005 Chg-NP CR2E037 (10/03)