

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726955

FILED
Apr 16, 2008
Secretary of State

Entity Name: FLORIDA STATE ELKS ASSOCIATION, INC.

Current Principal Place of Business:

24175 SE HWY 450
UMATILLA, FL 32784

New Principal Place of Business:

24175 SE HWY 450
UMATILLA, FL 32784 US

Current Mailing Address:

PO BOX 49
UMATILLA, FL 32784

New Mailing Address:

PO BOX 49
UMATILLA, FL 32784 US

FEI Number: 59-0647830

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SEIBERT, CARL T
24175 SE HWY 450
UMATILLA, FL 32784 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: SEIBERT, CARL T
Address: 24175 SE HWY 450
City-St-Zip: UMATILLA, FL 32784 US

Title: T () Delete
Name: BRYANT, JOSEPH B
Address: 302 SPARROW AVENUE
City-St-Zip: SEBRING, FL 33872 US

Title: D () Delete
Name: ELMORE, THOMAS E
Address: 1855 N.W. FRONTIER DRIVE
City-St-Zip: LAKE CITY, FL 32055 US

Title: PD () Delete
Name: TRINOWSKI, CHARLES A
Address: 56 S. WINTER PARK DRIVE
City-St-Zip: CASSELBERRY, FL 32707 US

Title: VPD () Delete
Name: LAKE, DAVID B
Address: POST OFFICE BOX 50369
City-St-Zip: FORT MYERS, FL 33994 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: LAKE, DAVID B
Address: POST OFFICE BOX 50369
City-St-Zip: FORT MYERS, FL 33994 US

Title: VPD (X) Change () Addition
Name: ORTIZ, JOSEPH A
Address: 1000 NW 150TH STREET
City-St-Zip: MIAMI, FL 33168 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARL T. SEIBERT

S

04/16/2008

Electronic Signature of Signing Officer or Director

Date