


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

**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**

03-04-2005 90073 002 \*\*\*\*68.00

<b>DOCUMENT # 767581</b> 1. Entity Name <b>MERRITT ISLAND LODGE #2650 OF THE BENEVOLENT &amp; PROTECTIVE ORDER OF ELKS, INC.</b>					
Principal Place of Business <b>1520 N SYKES CREEK PKWY MERRITT ISLAND FL 32952 US</b>			Mailing Address <b>P O BOX 541052 MERRITT ISLAND FL 32954-1052 US</b>		
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 <b>59-2309274</b> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>LESKO, JOHN F 285 VISCOUNT AVE MERRITT ISLAND FL 32953</b>			Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 <u>John F. Lesko</u>		<u>John F. Lesko</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		DATE <u>4-5-05</u>	
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make Check Payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOBBS, PHYLLIS		NAME		
STREET ADDRESS	1415 CREVILLE AVE.		STREET ADDRESS		
CITY-ST-ZIP	MERRITT ISLAND FL 32952		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GROAT, RONALD		NAME	Wendy Goldacker	
STREET ADDRESS	6442 ABERDEEN AVE		STREET ADDRESS	2561 Apache Dr	
CITY-ST-ZIP	COCOA FL 32927		CITY-ST-ZIP	Melbourne FL 32935	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARDSLEY, JEANNE M		NAME	Carol J. Mitchell	
STREET ADDRESS	4510 OLYMPIC DRIVE		STREET ADDRESS	1475 Holly Ave	
CITY-ST-ZIP	COCOA FL 32927		CITY-ST-ZIP	Merritt Isl FL 32952	
TITLE	TRD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HANSEN, PHILLIP		NAME		
STREET ADDRESS	1485 CUNNINGHAM AVE.		STREET ADDRESS		
CITY-ST-ZIP	MERRITT ISLAND FL 32952		CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARDSLEY, JAMES T		NAME	Thomas L. Bender	
STREET ADDRESS	4510 OLYMPIC DRIVE		STREET ADDRESS	610 Jacaranda St	
CITY-ST-ZIP	COCOA FL 32927		CITY-ST-ZIP	Merritt Island FL 32952	
TITLE	TRD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LONDO, DEAN		NAME		
STREET ADDRESS	670 JACARANDA ST.		STREET ADDRESS		
CITY-ST-ZIP	MERRITT ISLAND FL 32952		CITY-ST-ZIP		
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 <u>Carol Mitchell</u>		<u>Carol Mitchell</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
		Date _____ Daytime Phone # _____			