


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90414 048 \*\*\*\*70.00

<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 - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-2309274</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>LESKO, JOHN F 285 VISCOUNT AVE MERRITT ISLAND, FL 32953</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating)					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD SKIBBA, KATHRYN 750 ORCHID LN. MERRITT ISLAND, FL 32952</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD KOVALCHIK, MARLEEN D 1755 S. SHELTER TRL. MERRITT ISLAND, FL 32952</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP SKIBBA, NICHOLAS 750 ORCHID LN. MERRITT ISLAND, FL 32952</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TRD HANSEN, PHILLIP 1485 CUNNINGHAM AVE. MERRITT ISLAND, FL 32952</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD SMITH, LARRY L 795 JACARANDA ST MERRITT ISLAND, FL 32952</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TRD LONDO, DEAN 670 JACARANDA ST. MERRITT ISLAND, FL 32952</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD Skibba, Kathryn 750 Orchid Lane Merritt Island, FL 32952</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD Norman Crawford 2150 Capeview St. Merritt Island, FL 32952-5503</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TRD William Horgan 1480 Monte Carlo Court Merritt Island, FL 32952-5638</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
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.					
<b>SIGNATURE:</b> _____ <b>nicholas skibba</b> <b>04/23/2008</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					