


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 30, 2008 8:00 am
Secretary of State

05-30-2008 90219 030 ****61.25

DOCUMENT # N05000007776					
1. Entity Name BOCA RATON ELKS LODGE, NO. 2166, INC.					
Principal Place of Business 1995 N FEDERAL HWY BOCA RATON, FL 33432			Mailing Address 1995 N FEDERAL HWY BOCA RATON, FL 33432		
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	4. FEI Number 59-0933088	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BLAKE, JAMES M 314 NW 42ND STREET BOCA RATON, FL 33431			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 <i>James Blake</i>		JAMES BLAKE		5/7/08	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
Filing Fee is \$61.25 Due by September 12, 2008		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	D	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILLS, JEROLD A		NAME	Knebel, Harold	
STREET ADDRESS	2770 N. PALM AIRE DR		STREET ADDRESS	6200 NW 2nd Ave #214	
CITY-ST-ZIP	POMPANO BEACH, FL 33069		CITY-ST-ZIP	Boca Raton, FL 33487	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENHAM, STEVE		NAME		
STREET ADDRESS	1400 S.W. 2ND ST		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33486		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEALY, CHARLOTTE A		NAME	Healy, Charlotte A.	
STREET ADDRESS	9850 SANDAL FOOT BLVD		STREET ADDRESS	9850 Sandalfoot Blvd #463	
CITY-ST-ZIP	BOCA RATON, FL 33428		CITY-ST-ZIP	Boca Raton, FL 33428	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HIGGINS, JEFFERY		NAME	Schroeder, Charles	
STREET ADDRESS	4241 CEDAR CREEK RD		STREET ADDRESS	1614 SE 10th Ave	
CITY-ST-ZIP	BOCA RATON, FL 33487		CITY-ST-ZIP	Deerfield Beach, FL 33441	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTIN, LYNDA		NAME	Blake, James	
STREET ADDRESS	3014 S.E. 21ST TER		STREET ADDRESS	314 NW 42nd St	
CITY-ST-ZIP	DELRAY BEACH, FL 33445		CITY-ST-ZIP	Boca Raton, FL 33431	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALKER, GEORGE		NAME	Maher, Joseph L III	
STREET ADDRESS	5851 HOLMBERG RD #315		STREET ADDRESS	2880 NW Boca Raton Blvd	
CITY-ST-ZIP	PARKLAND, FL 33067		CITY-ST-ZIP	Boca Raton, FL 33431	
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.					
SIGNATURE: <i>James Blake</i>		JAMES BLAKE		5/7/08 561-395-9836	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	