


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2006 08:00 AM
Secretary of State

DOCUMENT # N21810

1. Entity Name
**SEBASTIAN LODGE, NO. 2714, BENEVOLENT AND
PROTECTIVE ORDER OF ELKS OF THE UNITED STATES
OF AMERICA**



Principal Place of Business Mailing Address

**731 S. FLEMING STREET
SEBASTIAN, FL 32978-2060**

**SEBASTIAN ELKS LODGE #2714
P.O. BOX 782060
SEBASTIAN, FL 32978-2060**



01092006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For

59-2648978 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**FREESE, DENNIS
431 COPLY
SEBASTIAN, FL 32958**

**DO NOT WRITE
IN THIS SPACE**

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 renaming) DATE _____

**Filing Fee is \$81.25
Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ER FREESE, DENNIS 431 COPLY SEBASTIAN, FL 32958
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WALSH, MADELINE 249 DOCK AVE. SEBASTIAN, FL 32958
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GUNTHER, EDGR 6 VILLAS DEL NERTE FORT PIERCE, FL 34951
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T THOMAS, DAVID 1124 LANDSDOWNE DRIVE SEBASTIAN, FL 32958
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RUSSELL, FRANCIS 406 PERCH LANE SEBASTIAN, FL 32958
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BOWERS, JAMES 1611 CORAL REEP ST SEBASTIAN, FL 32958

000000384351
01/17/06-80009-007 61.25

**DO NOT WRITE
IN THIS SPACE**

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: Madelaine Walsh 1/9/2006 772
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 589-6426