

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90127 020 \*\*\*\*61.25

**DOCUMENT # N21810**



1. Entity Name  
**SEBASTIAN LODGE, NO. 2714, BENEVOLENT AND PROTEC  
TIVE ORDER OF ELKS OF THE UNITED STATES OF AMERI**

Principal Place of Business  
**731 S. FLEMING STREET  
SEBASTIAN FL 32978-2060**

Mailing Address  
**Sebastian ELKS Lodge #2714  
P.O. Box 782060  
Sebastian, Fl. 32978-2060**

**60021981**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number **59-2648978**  
Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**LANCASTER, ELMER  
1755 SKYLINE LANE  
SEBASTIAN FL 32958**

7. Name and Address of New Registered Agent  
Name **CHRISTOPHER CARLISLE**  
Street Address (P.O. Box Number is Not Acceptable)  
**8336 - 98th AVE**  
City **VERO BEACH** FL Zip Code **32967**

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 **4/14/03**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25**

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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P LANCASTER, ELMER 1755 SKYLINE LANE SEBASTIAN FL 32958</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D KLEIN, FRED 1662 CORAL REEF ST SEBASTIAN FL 32958</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T KEARNAN, JAMES 7659 GREAT BEAR LAKE DR MICCO FL 32976</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T SEVENLISS, JOHN 317 SEAGRAPE AVE SEBASTIAN FL 32958</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T LAMB, DONALD 1112 BREEZY WAY SEBASTIAN FL 32958</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T BOWERS, JAMES 1611 CORAL REEF ST SEBASTIAN FL 32958</b> <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EXALTER RULER CHRISTOPHER CARLISLE 8336 98th AV VERO BEACH, FL 32967</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY MADELINE WAISH 249 DOCK AVE SEBASTIAN, FL 32958</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER EDGAR GUNTHER 439 SEAGULL DRIVE BAREFOOT BAY, FL 32976</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>FRANK RUSSELL, TRUSTEE 406 PERCH LN SEBASTIAN FL 32958</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ED WHITE, TRUSTEE 129 DOCK AVE SEBASTIAN, FL 32958</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>HADI PANKOW, TRUSTEE 814 BARBER ST SEBASTIAN FL 32958</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 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: **4/14/03**

CR2E037 (10/02)