2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State
05-27-2002 90418 001 ****61.25

0059187

DOCUMENT # N22010

1. Entity Name

BENEVOLENT & PROTECTIVE ORDER OF THE ELKS PALM C OAST LODGE 2709, INC.

Principal Place of Business	Mailing Address
53 OLD KINGS RD.. N. PALM COAST FL 32137	P.O. BOX 352765 PALM COAST FL 32135-2765

DO NOT WRITE IN THIS SPACE

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 59-2669153 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HANNUS, MICHAEL ~~90 LUNBROOK DRIVE~~ PALM COAST FL 32137	Name Street Address (P.O. Box Number is Not Acceptable) 80 LYNBROOK DR 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.

SIGNATURE Michael Hannus 3/24/02
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 Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ER LEON, RAYMOND 67 PRICHARD DR PALM COAST FL 32164	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ER MCDONALD, CHARLES 105 PRITCHARD DR PALM COAST, FL 32164 ☒ Change ☒ Addition ADDITION
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TT HOFFMAN, THOMAS 11 WILLOW GROVE PLACE PALM COAST FL 32164	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TT LEON, RAYMOND 67 PRITCHARD DR PALM COAST, FL 32164 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	OT MCDONALD, CHARLES 65 PRICHARD DR PALM COAST FL 32164	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	OT GOUGH, VINCENT 5 CHARLES PL PALM COAST, FL 32137 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GOUGH, VINCENT 5 CHARLES PLACE PALM COAST FL 32137	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ELMAN, BETTY 1 FERNHAM LN PALM COAST, FL 32137 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST HANNUS, MICHAEL 80 LYNBROOK DRIVE PALM COAST FL 32137	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/01)

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: SIGNATURE REQUIRED Michael Hannus 3/24/02 (386)446-2709
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #