2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2005 8:00 am
Secretary of State
03-03-2005 90177 042 ****61.25

DOCUMENT # N22010

1. Entity Name
BENEVOLENT & PROTECTIVE ORDER OF THE ELKS
PALM COAST 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

01192005 Chg-NP CR2E037 (10/03)

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

HANNUS, MICHAEL
80 LYNBROOK DRIVE
PALM COAST, FL 32137

7. Name and Address of New Registered Agent

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 _____
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 May 1, 2005

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TT LEON, RAYMOND 67 PRICHARD DR PALM COAST, FL 32164	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition (P) Elman, Betty 1 Fernham Drive Palm Coast, Florida 32137
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T EDWARDS, WILLIAM P 7 WHITE DOVE LN PALM COAST, FL 32164	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition (VP) Leon, Raymond 67 Prichard Drive Palm Coast, Florida 32164
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T GOUGH, VINCENT 5 CHARLES PLACE PALM COAST, FL 32137	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition (O) Pines, George 85 Whispering Pine Drive Palm Coast, Florida 32164
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MCNULTY, BRIAN 23 BARKLEY LN PALM COAST, FL 32137	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition (O) Bolling, James 146 Florida Park Drive Palm Coast, Florida 32137
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition (T) Hoffmann, Thomas 11 Willow Grove Place Palm Coast, Florida 32164
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: Bruce Kane Bruce Kane 2/28/05 386-446-5863 (leave message)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #