## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 27, 2006 8:00 am Secretary of State

04-27-2006 90167 042 \*\*\*\*61.25

DOCUMENT # N22010  1. Entity Name BENEVOLENT & PROTECTIVE ORDER OF THE ELKS PALM COAST LODGE 2709, INC.					04-27-2006	90167 042 ****6	01.25	
53 OLD KINGS RD., N. P.O		Mailing Address P.O. BOX 352765 PALM COAST, FL 32135	_		40062483			
2. Principal Place of Business 3. N		3. Mailing Address	. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04242006	Chg-NP	CR2E037 (11/05)	)	
City & State		City & State		4. FEI Number 59-266		— —	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate	of Status Desired	□ \$8.75 A Fee Requi		
	6. Name and Address of Current	Registered Agent		7. Name and	Address of New F	Registered Agent		
HANNIIS	MICHAEL		Name	Name ,				
HANNUS, MICHAEL 80 LYNBROOK DRIVE PALM COAST, FL 32137			Street A	Street Address (P.O. Box Number is Not Acceptable)				
			<u></u>					
			City			FL   Zip Co	de	
the obligat	tions of registered agent.							
SIGNATURE .	Signature, typed or printed name of registered agent a	und tille if applicable. (NOTE: F	Registered Agent signal.	re required when reinstating)		DATE		
SIGNATURE	Signature, typed or printed name of registered agent a Filling Fee is \$61.25 Due by May 1, 2006	9. Election Camp Trust Fund Co	paign Financing	\$5.00 May B Added to Fees		DATE  Sake check payable rida Department of		
SIGNATURE	Filing Fee is \$61.25	9. Election Camp Trust Fund Co	paign Financing	\$5.00 May B Added to Fees	Flor	lake check payable	State	
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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 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 supplied with that I am an officer or director of the corporation or the receives of trustee/empowered (of eccute filis 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 is a proposered.

SIGNATURE: \_

ER OR DIRECTOR

(386) 446 2709