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

FILED
May 22, 2003 8:00 am
Secretary of State
04-23-2003 90249 027 ****61.25

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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

☐ CHECK HERE IF MAKING CHANGES

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 80 LYNBROOK DRIVE PALM COAST FL 32137	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 MICHAEL F. HANNUS SECRETARY — 4/17/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when restating.) 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			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	~~TT~~ MTH	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ER MCDONALD, CHARLES 65 PRICHARD DR PALM COAST FL 32164	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	OT MTH STAZELEWICZ, WILLIAM 36 COURTNEY PL PALM COAST, FL 32137	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	OT GOUGH, VINCENT 5 CHARLES PLACE PALM COAST FL 32137	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~ER~~ MTH GOUGH, VINCENT 5 CHARLES PL PALM COAST, FL 32137	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ELMAN, BETTY 1 FERNHAM LN PALM COAST FL 32137	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	OT MTH MCNULTY, BRIAN 23 BARKLEY LN PALM COAST, FL 32137	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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 (10/02)

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: MICHAEL F. HANNUS — 4/17/03 — (386) 446-2709
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR — Date — Daytime Phone #
MICHAEL F. HANNUS SECRETARY