

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

**FILED**  
**May 06, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT #** N25285  
1. Entity Name  
  
ELKS LODGE NO 2730, BPOE OF THE UNITED STATES OF AMERICA, INC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business 7655 SE HWY 25 Suite, Apt #, etc	3. Mailing Address PO BOX 3100 Suite, Apt. #, etc,
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City & State BELLEVUE, FL	City & State BELLEVUE, FL
Zip 34421	Country
Country	Zip 34421
Country	Country

4. FEI Number 59-2767697	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name MCCRORY, MARILYN
Street Address (P.O. Box Number is Not Acceptable) 1701A W GLENEAGLES RD
City OCALA
FL Zip Code 34472

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

**FEE IS \$61.25**  
Initial or Amended UBR

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

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CLARENCE SISLER 11658 SE 92ND CT BELLEVUE FL 34420
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARILYN MCCRORY 1701A W GLENEAGLES RD OCALA FL 34472
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MELVIN CARRODUS 11606 SE 74 TER BELLEVUE FL 34420
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WAYNE REFFNER 2401 SE 17 CIR OCALA FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ED SREENAN 2028 NE 49TH AVE LOT 97 OCALA FL 34470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GERALD SPRINGER 613 SAN MARINO DR LADY LAKE FL 32159

11.

TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000364303 05/06/05-80036-019 61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Marilyn Mccrory MARILYN MCCRORY 4/25/2005 352-427-6620  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #