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

DOCUMENT # N37792

1. Entity Name

CORAL CITY ELKS LODGE NO. 610 AND CORAL CITY TEM PLE NO. 400, IBPOE OF THE WORLD, INC.



Sep 05, 2003 8:00 am
Secretary of State **FILED**

09-05-2003 90112 016 ****61.25

Principal Place 1107 WHITEHE KEY WEST FL		.	1107 W	Mailing Address 1107 WHITEHEAD STREET KEY WEST FL 33040							4:44: 14#1		
2. Principal F	Place of Busin	ess	3. Mail	ing Address				166 11411 18 9 14 1 88	(B) (B) (B) (B) (B)	HI BIRH BIRH BIR	H) 01011 (001		
Suite, Apt. #, etc.			Sui	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES						
City & Stat	te		Cit	y & State			4. FEI Numbe	23-71739	29		oplied For ot Applicable	}	
Zip		Country	Zip		Country		5. Certificate	of Status Desi	red 🗆	\$8:75 Add			
6. Name and Address of Current Re				legistered Agent			7. Name and	7. Name and Address of New Registered Agent					
		sin Miguert			Na	ıme						1	
	SON, HUGH LIA ST # 16				Str	eet Addres	ss (P.O. Box Number	is Not Accep	table)				
	ST FL 33040			·	-							7	
**	T.				Cit	у	· · · · · · · · · · · · · · · · · · ·	·		FL Zip Cod	e		
	named entity tions of registe	submits this statement ered agent	for the purp	ose of changing its	registered off	ice or regis	stered agent, or both	, in the State	of Florida. I	am familiar with,	and accept		
SIGNATURE		i. Ž				i			-				
SIGNATURE	Şignature, typed o	or printed name of registered age	ent and title if appl	icable. (NOT	: Registered Agen	t signature requ	uired when reinstating)		D	ATE			
		7	1									1	
		FEE IS \$61.25	*226 2E	9. Election Car			\$5.00 May Be			neck Payable			
			\$236.25	9. Election Car Trust Fund C		cing	\$5.00 May Bo Added to Fees			neck Payable partment of \$			
		FEE IS \$61.25						F	lorida De	partment of \$	State		
- After Sept	tember 10,	FEE IS \$61.25 2003, min will be \$			Contribution.		Added to Fees	F	lorida De	partment of \$	State	(03)	
10. TITLE NAME	P ROBERTSO	PEE IS \$61.25 2003, min will be S OFFICERS AND D		Trust Fund (11. TITLE NAME		Added to Fees	F	lorida De	partment of S	State	7 (4/03)	
10. TITLE NAME STREET ADDRESS	P ROBERTSO 800 EMMA	OFFICERS AND DON, HUGH ST. APT. 214		Trust Fund (11. TITLE NAME STREET ADD	RESS	Added to Fees	F	lorida De	partment of S	State	1.	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROBERTSO 800 EMMA KEY WEST	OFFICERS AND DON, HUGH ST. APT. 214		Trust Fund C	11. TITLE NAME STREET ADD CITY-ST-ZI	RESS	Added to Fees	F	lorida De	partment of \$ DIRECTORS IN Change	State 1 10 Addition	3R2F037 (4/03)	
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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.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

Delete

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change

Addition