
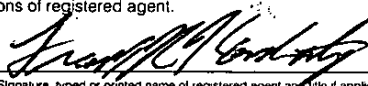
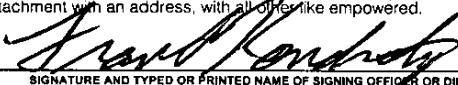


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 21, 2006 8:00 am**  
**Secretary of State**

06-21-2006 90003 005 \*\*\*\*61.25

<b>DOCUMENT # N43184</b>				
1. Entity Name <b>FORT MYERS LODGE, NO. 1288 BENEVOLENT AND PROTECTIVE ORDER OF ELKS OF THE UNITED STATES OF AMERI</b>				
Principal Place of Business <b>1900 PARK MEADOWS DRIVE FT. MYERS, FL 33907 US</b>		Mailing Address <b>1900 PARK MEADOWS DR FORT MYERS, FL 33907 US</b>		
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 <b>59-0232981</b>
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable
6. Name and Address of Current Registered Agent <b>KONDRATYK, FRANK R 1900 PARK MEADOW DR FORT MYERS, FL 33907</b>				7. Name and Address of New Registered Agent
				Name
				Street Address (P.O. Box Number is Not Acceptable)
				City
				<b>FL</b> 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 				DATE <b>5/30/06</b>
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE
<b>Filing Fee is \$61.25 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees
				<b>Make check payable to Florida Department of State</b>
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REYNOLDS, ROLAND		NAME	
STREET ADDRESS	15310 MOON RAKER CT. APT.411		STREET ADDRESS	
CITY-ST-ZIP	NO. FORT MYERS, FL 33917		CITY-ST-ZIP	
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KERSHAW, BRUCE		NAME	
STREET ADDRESS	11730 RANCHETTE RD.		STREET ADDRESS	
CITY-ST-ZIP	FT MYERS, FL 33912		CITY-ST-ZIP	
TITLE	TR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONLEY, RICHARD		NAME	
STREET ADDRESS	4920 BROOKFIELD ST.		STREET ADDRESS	
CITY-ST-ZIP	LEHIGH ACRES, FL 33971		CITY-ST-ZIP	
TITLE	TR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCSTRAVIC, KEN		NAME	
STREET ADDRESS	4892 JORDAN AVE.		STREET ADDRESS	
CITY-ST-ZIP	LEHIGH ACRES, FL 33971		CITY-ST-ZIP	
TITLE	TR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELFLE, TERRY		NAME	
STREET ADDRESS	4755 HIDDEN HARBOUR BLVD.		STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS, FL 33919		CITY-ST-ZIP	
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KONDRATYK, FRANK R		NAME	
STREET ADDRESS	1900 PARK MEADOWS DR.		STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS, FL 33907		CITY-ST-ZIP	
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 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 officer-like empowered.				
SIGNATURE: 		Date <b>5/30/06</b>		Daytime Phone # <b>278-1358</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #