


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 24, 2008 8:00 am**  
**Secretary of State**

04-24-2008 90125 038 \*\*\*\*61.25

|  |                          |  |  |  |                 |
|--|--------------------------|--|--|--|-----------------|
| <b>DOCUMENT # N43184</b>   |                          |  |  |         |                 |
| 1. Entity Name<br>FORT MYERS LODGE, NO. 1288 BENEVOLENT AND PROTECTIVE ORDER OF ELKS OF THE UNITED STATES OF AMERI   |                          |  |  |  |                 |
| Principal Place of Business<br>1900 PARK MEADOWS DRIVE<br>FT MYERS, FL 33907 US  |                          |  | Mailing Address<br>1900 PARK MEADOWS DR<br>FORT MYERS, FL 33907 US |  |                 |
| 2. Principal Place of Business - No P.O. Box #   |                          | 3. Mailing Address   |  |  |                 |
| Suite, Apt. #, etc.  |                          | Suite, Apt. #, etc.  |  |  |                 |
| City & State   |                          | City & State   |  | 4. FEI Number<br>59-0232981  |                 |
| Zip  |                          | Country  |  | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |                 |
| 6. Name and Address of Current Registered Agent  |                          |  | 7. Name and Address of New Registered Agent                        |  |                 |
| KONDRATYK, FRANK R<br>1900 PARK MEADOWS DRIVE<br>FT MYERS, FL 33907  |                          |  | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |                          |  |  |  |                 |
| <b>Filing Fee is \$61.25 Due by May 1, 2008</b>  |                          | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be Added to Fees</b>   |                 |
| <b>Make check payable to Florida Department of State</b>   |                          |  |  |  |                 |
| 10. OFFICERS AND DIRECTORS   |                          |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10              |  |                 |
| TITLE NAME   | T<br>REYNOLDS, ROLAND    | <input type="checkbox"/> Delete  | TITLE NAME   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |                 |
| STREET ADDRESS   | 15370 TRANSIT CT.        |  | STREET ADDRESS   |  |                 |
| CITY-ST-ZIP  | NORTH FT MYERS, FL 33917 |  | CITY-ST-ZIP  |  |                 |
| TITLE NAME   | P<br>GERSBACH, PHILIP    | <input checked="" type="checkbox"/> Delete                                       | TITLE NAME   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition             |                 |
| STREET ADDRESS   | 11230 MAHOGANY RUN       |  | STREET ADDRESS   | P<br>W. Roy Bentley  |                 |
| CITY-ST-ZIP  | FT MYERS, FL 33912       |  | CITY-ST-ZIP  | 16940 Villas Sq.<br>Fort Myers, FL 33908   |                 |
| TITLE NAME   | T<br>CONLEY, RICHARD     | <input type="checkbox"/> Delete  | TITLE NAME   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |                 |
| STREET ADDRESS   | 4920 BROOKFIELD ST       |  | STREET ADDRESS   |  |                 |
| CITY-ST-ZIP  | LEHIGH ACRES, FL 33971   |  | CITY-ST-ZIP  |  |                 |
| TITLE NAME   | T<br>KERSHAW, BRUCE      | <input checked="" type="checkbox"/> Delete                                       | TITLE NAME   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition             |                 |
| STREET ADDRESS   | 11730 RANCHETTE ROAD     |  | STREET ADDRESS   | T<br>Philip Gersbach   |                 |
| CITY-ST-ZIP  | FT MYERS, FL 33912       |  | CITY-ST-ZIP  | 11230 Mahogany Run<br>Fort Myers, FL 33912   |                 |
| TITLE NAME   | T<br>MARTIN, DOROTHY     | <input type="checkbox"/> Delete  | TITLE NAME   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |                 |
| STREET ADDRESS   | 7032 CEDARHURST DR.      |  | STREET ADDRESS   |  |                 |
| CITY-ST-ZIP  | FORT MYERS, FL 33919     |  | CITY-ST-ZIP  |  |                 |
| TITLE NAME   | S<br>KONDRATYK, FRANK R  | <input type="checkbox"/> Delete  | TITLE NAME   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |                 |
| STREET ADDRESS   | 1900 PARK MEADOWS DRIVE  |  | STREET ADDRESS   |  |                 |
| CITY-ST-ZIP  | FT 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 other like empowered. |                          |  |  |  |                 |
| SIGNATURE: <u>Frank Kondratyk</u> FRANK KONDRATYK 4/17/08  |                          |  |  |  |                 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |                          |  | Date   |  | Daytime Phone # |