

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 25, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90149 032 \*\*\*\*61.25

|  |   |  |   |  |              |
|--|---|--|---|--|--------------|
| <b>DOCUMENT # N48531</b><br>1. Entity Name<br><b>DELRAY BEACH LODGE, NO. 1770, BENEVOLENT AND PROTECTIVE ORDER OF ELKS OF THE UNITED STATES OF AM</b>  |   |  |   |  |              |
| Principal Place of Business<br><b>265 NE 4TH AVENUE<br/>DELRAY BEACH, FL 33483 US</b>  |   |  | Mailing Address<br><b>265 NE 4TH AVENUE<br/>DELRAY BEACH, FL 33483 US</b> |  |              |
| 2. Principal Place of Business   |   | 3. Mailing Address   |   |  |              |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.  |   |  |              |
| City & State   |   | City & State   |   |  |              |
| Zip  | Country   | Zip  | Country   |  |              |
| 6. Name and Address of Current Registered Agent  |   |  |   | 7. Name and Address of New Registered Agent  |              |
| JOHNSON, ARTHUR L<br>265 NE 4TH AVENUE<br>DELRAY BEACH, FL 33483   |   |  |   | Name <b>MARK A. ROBERTSON</b>  |              |
|  |   |  |   | Street Address (P.O. Box Number is Not Acceptable)   |              |
|  |   |  |   | <b>630 HUMMINGBIRD LANE</b>  |              |
|  |   |  |   | City   | Zip Code     |
|  |   |  |   | <b>DELRAY BEACH, FLORIDA</b>   | <b>33445</b> |
| 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 <u><i>Mark Robertson</i></u> DATE <u>5/21/05</u><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)</small>  |   |  |   |  |              |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2005</b>  |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   | <b>Make check payable to<br/>Florida Department of State</b>   |              |
| 10. OFFICERS AND DIRECTORS   |   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                     |  |              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <del>5YT</del> <b>4 yrs</b><br><b>FITZGERALD, GEORGE</b><br><b>8298 BRANT DR</b><br><b>BOCA RATON, FL 33487</b>         |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                        | <b>1 YR</b><br><b>MICHAEL RODRIGUEZ</b><br><b>2028 ALTA MEADOWS LANE</b><br><b>DELRAY BEACH</b><br><b>FLORIDA, 33445</b> |              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <del>4YT</del> <b>3 YR</b><br><b>BUTLER, JERRY</b><br><b>6381 WESTCHESTER CLUB DR</b><br><b>BOYNTON BEACH, FL 33437</b> |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                        | <b>3 YR</b><br><b>DAVE SHEPAUM</b><br><b>3544 IVANHOE AVE.</b><br><b>BOYNTON BEACH, FL. 33436</b>                        |              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <del>3YR</del> <b>2 yrs</b><br><b>MYERS, JOHN</b><br><b>215-C HIGH POINT COURT</b><br><b>DELRAY BEACH, FL 33445</b>     |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                        | <b>5 yrs</b><br><b>ROBERT PEARSON</b><br><b>5250 LAS VERDES CIRCLE</b><br><b>DELRAY BEACH, FL. 33484</b>                 |              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <del>2YT</del> <b>2YR</b><br><b>CARTER, LANNY</b><br><b>4285 NW 9TH STREET</b><br><b>DELRAY BEACH, FL 33445</b>         |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |              |
| 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 changes empowered. |   |  |   |  |              |
| SIGNATURE: <u><i>Mark Robertson</i></u> DATE <u>April 22 2005</u> <span style="float: right;">FL-95-9109</span><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |   |  |   |  |              |

MARK A. ROBERTSON