


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # N48531					
1. Entity Name DELRAY BEACH LODGE, NO. 1770, BENEVOLENT AND PROTECTIVE ORDER OF ELKS OF THE UNITED STATES					
Principal Place of Business 265 NE 4TH AVENUE DELRAY BEACH FL 33483 US			Mailing Address 265 NE 4TH AVENUE DELRAY BEACH FL 33483 US		
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 59-0669282	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent ROBERTSON, MARK A 630 HUMMINGBIRD LANE DELRAY BEACH FL 33445				7. Name and Address of New Registered Agent 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 _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	5YT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	FITZGERALD, GEORGE		NAME		
STREET ADDRESS	8298 BRANT DR		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33487		CITY-ST-ZIP		
TITLE	1YR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	RODRIGUEZ, MICHAEL		NAME		
STREET ADDRESS	2028 ALTA MEADOWS LANE		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL 33445		CITY-ST-ZIP		
TITLE	3YT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	MYERS, JOHN		NAME		
STREET ADDRESS	215-C HIGH POINT COURT		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL 33445		CITY-ST-ZIP		
TITLE	3YR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	SHEPAUM, DAVE		NAME		
STREET ADDRESS	3544 IVANHOE AVE		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL 33436		CITY-ST-ZIP		
TITLE	5YR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	PEARSON, ROBERT		NAME		
STREET ADDRESS	5250 LAS VERDES CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL 33484		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <i>Mark Robertson</i>			3/31/06 561-495-9109		



1st MOORE CR2E037 (10/05)

\$8.75 Additional Fee Required

FL Zip Code

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05/13/06-80075-012 61.25