


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2005 08:00 AM
Secretary of State

DOCUMENT # N93000004479 1. Entity Name FT. PIERCE LODGE, 1520, BENEVOLENT AND PROTECTIVE ORDER OF ELKS OF THE UNITED STATES			
Principal Place of Business 651 FEDERAL HIGHWAY FT PIERCE FL 34948	Mailing Address P.O. BOX 3749 FT. PIERCE FL 34948-3749		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/04)

4. FEI Number 59-0250528	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent JOHNSON, JAMES W 1508 FLORIDA AVENUE FORT PIERCE FL 34951	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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, 2005	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete JOHNSON, JAMES W	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000219951
STREET ADDRESS	1508 FLORIDA AVE	STREET ADDRESS	02/08/05-80048-008 61.25
CITY - ST - ZIP	FORT PIERCE FL 34950	CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> Delete FLORIDIA, JOHN	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	133 NE SURFSIDE AVE	STREET ADDRESS	
CITY - ST - ZIP	PORT ST LUCIE FL 34983	CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> Delete HENRY, JOHN D	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2021 SUNRISE BLVD	STREET ADDRESS	
CITY - ST - ZIP	FT. PIERCE FL 34950	CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> Delete FOWLER, DAVID M	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	436 PENNINSULVA DR	STREET ADDRESS	
CITY - ST - ZIP	FT PIERCE FL 34946	CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> Delete MOORE, DANNIE C	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2007 S EDWARDS RD	STREET ADDRESS	
CITY - ST - ZIP	FT. PIERCE FL	CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> Delete CASTLE, KENNETH	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2512 SOUTH 13TH STREET	STREET ADDRESS	
CITY - ST - ZIP	FT. PIERCE FL 34982	CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Dannie C Moore DANNIE C. MOORE 02/08/05 772
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # .465-6822