

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 11, 2007 8:00 am
Secretary of State

04-23-2007 90285 011 ****70.00

DOCUMENT # N95000000967					
1. Entity Name WINTER GARDEN LODGE NUMBER 2165 OF THE BENEVOLENT AND PROTECTIVE ORDER OF ELKS OF THE UNITED STA					
Principal Place of Business 700 S. 9TH ST. WINTER GARDEN, FL 34787			Mailing Address 700 S. 9TH ST. WINTER GARDEN, FL 34787		
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 59-6072251	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WARREN, BOB 516 GRAND ROYAL CIRCLE WINTER GARDEN, FL 34787			7. Name and Address of New Registered Agent Name Charles Crane Street Address (P.O. Box Number is Not Acceptable) 5703 Westview Dr. City Orlando, FL Zip Code 32810		
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>CHARLIE crane</u> <u>charlie crane</u> (NOTE: Registered Agent signature required when creating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		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 NAME STREET ADDRESS CITY- ST- ZIP	D JERNIGAN, MIKE 275 HARRIS ROAD OCOE, FL 34761		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D VALLANCE, DAN 1301 CENTER STREET OCOE, FL 34761		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D ARMSTRONG, ALICE 809 FLEWELLING OCOE, FL 34761		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T S <input checked="" type="checkbox"/> Delete MARTIN, LOU 762 GARDEN OAK ROAD WINTER GARDEN, FL 34787		TITLE NAME STREET ADDRESS CITY- ST- ZIP	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Richard Lindsey 26-Orange Tree Cr. Winter Garden, FL 34787	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T CALDWELL, LINDA 1301 CENTER STREET OCOE, FL 34761		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D WALLICK, MARK 308 E GENEVA ST OCOE, FL 34761		TITLE NAME STREET ADDRESS 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 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>Richard Lindsey</u>			Secretary		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <u>4-11-07</u> Daytime Phone # <u>407-948-7512</u>		