2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 13, 2004 8:00 am
Secretary of State
07-02-2004 90003 034 ****61.25

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MOORE CR2E037 (11/03)

DOCUMENT # N95000001996

1. Entity Name
CLERMONT-GROVELAND ELKS LODGE, #1848, INC.

Principal Place of Business	Mailing Address
705 WEST MINNEOLA AVENUE CLERMONT FL 34712	705 WEST MINNEOLA AVENUE CLERMONT FL 34712

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 59-0699166 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

EYERLY, ROBERT D
705 WEST MINNEOLA AVE
CLERMONT FL 34712

7. Name and Address of New Registered Agent

Name David M. Winters

Street Address (P.O. Box Number is Not Acceptable)
15804-20 HWY 50
15804-20 Hwy 50

City CLERMONT FL Zip Code 34711

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 David M. Winters
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	S EYERLY, ROBERT D 8009 GROVEMONT EST. RD. GROVELAND FL 34736	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P DAVID M. WINTERS 15804-20 HWY 50 CLERMONT FL. 34711	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P EBERLINE, LESLIE 576 MINNEOLA AVE CLERMONT FL 34711	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Philip J. DELSIE 1401 W. HWY 50 #130 CLERMONT FL 34711	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BURDEN, ALLEN M 1615 RIDGEWOOD AVE MONTVERDE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LADD, PAM 11415 HARDER CLERMONT FL 34711	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GEORGE MILLER 1421 16TH ST CLERMONT FL 34711	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JENKINS, DAVID 12812 LAKESHORE DR CLERMONT FL 34711	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KINDER, GEOFFREY 15032 GREEN VALLEY BLVD CLERMONT FL 34711	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOHN MODICA 608 S. MAIN AVE #37 CLERMONT FL 34711	☒ Change ☐ 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 other like empowered.

SIGNATURE: Philip J. DELSIE 6/1/04 394-0603
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

David M. Winters 8/29/04