2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2009
Secretary of State

DOCUMENT# N98000001224

Entity Name: FREDERICK KELLY ELKS LODGE #1270 INC.

Current Principal Place of Business:

510 MLK BLVD
LODGE
BROOKSVILLE, FL 34601 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 91
BROOKSVILLE, FL 34601 US

New Mailing Address:

FEI Number: 59-2996777 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MANER, JOSEPH
910 JOSEPHINE STREET
BROOKSVILLE, FL 34601 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	T	( ) Delete
Name:	BURNETT, CHARLES	
Address:	860 SCHOOL ST	
City-St-Zip:	BROOKSVILLE, FL 34601	
Title:	S	( ) Delete
Name:	BURNETT, FRANKIE	
Address:	310 DUKE ST	
City-St-Zip:	BROOKSVILLE, FL 34605	
Title:	T	( ) Delete
Name:	FRANKLIN, MANER	
Address:	26 A STREET	
City-St-Zip:	BROOKSVILLE, FL 34601	
Title:	LK	( ) Delete
Name:	WRIGHT, HENRY C	
Address:	219 EARLY STREET	
City-St-Zip:	BROOKSVILLE, FL 34601	
Title:	LK	( ) Delete
Name:	CANNON, PAGE	
Address:	15213 WOODCREST RD SPRING HILL	
City-St-Zip:	BROOKSVILLE, FL 34609	
Title:	E	( ) Delete
Name:	BARNES, JOE JR	
Address:	530 W APT 11 MLK BLVD	
City-St-Zip:	BROOKSVILLE, FL 34601	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANKLIN MANER T 03/31/2009

Electronic Signature of Signing Officer or Director — Date