2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000004120

Entity Name: ORLANDO LODGE NO. 1079, BENEVOLENT AND PROTECTIVE

ORDER OF ELKS OF THE UNITED STATES OF AMERICA, INC.

FILED Mar 29, 2019 **Secretary of State** 2658898964CC

Current Principal Place of Business:

12 NORTH PRIMROSE DR ORLANDO, FL 32803

Current Mailing Address:

12 NORTH PRIMROSE DR ORLANDO, FL 32803 US

FEI Number: 59-0161109 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ORLANDO FL 32803

BAUM, JOHN V 12 NORTH PRIMROSE DR ORLANDO, FL 32803 US

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: JOHN V. BAUM 03/29/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

City-State-Zip:

Title **DIRECTOR** Title DIRECTOR

Name HAROLD, TRUDY Name RICHARDS, JODY

Address 12 NORTH PRIMROSE DR Address 12 NORTH PRIMROSE DR City-State-Zip: ORLANDO FL 32803 City-State-Zip: ORLANDO FL 32803

Title Title **SECRETARY**

BEMOS, RALPH W Name AKIN, VIRGINIA KEHOE Name

Address 12 NORTH PRIMROSE DR Address 12 NORTH PRIMROSE DR City-State-Zip: ORLANDO FL 32803

Title **DIRECTOR** Title DIRECTOR

Name LOCKWOOD, LARRY Name SIMON, DONALD Address 12 NORTH PRIMROSE DR 12 NORTH PRIMROSE DR Address

City-State-Zip: ORLANDO FL 32803 City-State-Zip: ORLANDO FL 32803

VΡ Title Title VΡ

Name WOOLGAR, WILLIAM Name DAVIES, PATRICIA Address 12 NORTH PRIMROSE DR Address 12 NORTH PRIMROSE DR

City-State-Zip: ORLANDO FL 32803 ORLANDO FL 32803 City-State-Zip:

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I hereby 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 all other like empowered.

03/29/2019 SIGNATURE: JODY RICHARDS **DIRECTOR**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title DIRECTOR

Name MOFFITT, JANICE

Address 12 NORTH PRIMROSE DR

City-State-Zip: ORLANDO FL 32803

Title TREASURER

Name HOFFMAN, WILLIAM

Address 12 NORTH PRIMROSE DR

City-State-Zip: ORLANDO FL 32803

Title PRESIDENT

Name SMITH, WILLIAM

Address 12 NORTH PRIMROSE DR

City-State-Zip: ORLANDO FL 32803