

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000004120

FILED
Apr 29, 2021
Secretary of State
7152705683CC

Entity Name: ORLANDO LODGE NO. 1079, BENEVOLENT AND PROTECTIVE ORDER OF ELKS OF THE UNITED STATES OF AMERICA, INC.

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:

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

04/29/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name HAROLD, TRUDY
Address 12 NORTH PRIMROSE DR
City-State-Zip: ORLANDO FL 32803

Title DIRECTOR
Name RICHARDS, JODY
Address 12 NORTH PRIMROSE DR
City-State-Zip: ORLANDO FL 32803

Title VP
Name LOCKWOOD, LARRY
Address 12 NORTH PRIMROSE DR
City-State-Zip: ORLANDO FL 32803

Title DIRECTOR
Name SIMON, DONALD
Address 12 NORTH PRIMROSE DR
City-State-Zip: ORLANDO FL 32803

Title DIRECTOR
Name RIVERA, CARMEN
Address 12 NORTH PRIMROSE DR
City-State-Zip: ORLANDO FL 32803

Title VP
Name DAVIES, PATRICIA P.
Address 12 NORTH PRIMROSE DR
City-State-Zip: ORLANDO FL 32803

Title SECRETARY
Name MOTES, MARIA A.
Address 12 NORTH PRIMROSE DRIVE
City-State-Zip: ORLANDO FL 32803

Title VP
Name HAVENS, JOSSIE
Address 12 NORTH PRIMROSE DR
City-State-Zip: ORLANDO FL 32803

Continues on page 2

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.

SIGNATURE: MOTES , MARIA A.

SECRETARY

04/29/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title PRESIDENT
Name HOFFMAN, DONNA
Address 12 NORTH PRIMROSE DR
City-State-Zip: ORLANDO FL 32803