

**2018 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**  
**Apr 08, 2018**  
**Secretary of State**  
**CC8090623382**

**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**

**04/08/2018**

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

Title SECRETARY  
Name AKIN, VIRGINIA KEHOE  
Address 12 NORTH PRIMROSE DR  
City-State-Zip: ORLANDO FL 32803

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

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

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

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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.*

**SIGNATURE: JODY RICHARDS**

**PRESIDENT**

**04/08/2018**

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 DIRECTOR  
Name SMITH, WILLIAM  
Address 12 NORTH PRIMROSE DR  
City-State-Zip: ORLANDO FL 32803

Title TREASURER  
Name MILLER, SUZANNE  
Address 12 NORTH PRIMROSE DR  
City-State-Zip: ORLANDO FL 32803