

2013 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N25285

Entity Name: SOUTH MARION VILLAGES LODGE NO. 2730, BENEVOLENT AND PROTECTIVE ORDER OF ELKS OF THE UNITED STATES OF AMERICA, INC.

FILED
Sep 13, 2013
Secretary of State
CC8451568633

Current Principal Place of Business:

7655 S.E. HWY. 25
BELLEVIEW, FL 34420

Current Mailing Address:

P.O. BOX 3100
BELLEVIEW, FL 34421 US

FEI Number: 59-2767697

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LEPORE, PATRICIA J
10201 SE 170TH PL
SUMMERFIELD, FL 34491 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: PATRICIA J LEPORE

09/13/2013

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	ER	Title	TRUSTEE
Name	BROWN, CHARLES W	Name	LEPORE, JEFFREY J
Address	PO BOX 3100	Address	10201 SE 170TH PL
City-State-Zip:	BELLEVIEW FL 34421	City-State-Zip:	SUMMERFIELD FL 34491
Title	TRUSTEE	Title	TRUSTEE
Name	LI CARI, AUGUST	Name	CARTER, NANCY
Address	9848 SE 174TH PLACE RD	Address	636A MIDWAY DR
City-State-Zip:	SUMMERFIELD FL 34491	City-State-Zip:	OCALA FL 34472
Title	TRUSTEE	Title	TREASURER
Name	DIAMANT, DONALD	Name	LEPORE, PATRICIA J
Address	13679 COUNTY ROAD 109D	Address	10201 SE 170TH PL
City-State-Zip:	LADY LAKE FL 32159	City-State-Zip:	SUMMERFIELD FL 34491

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: PATRICIA LEPORE

TREASURER

09/13/2013

Electronic Signature of Signing Officer/Director Detail

Date