

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N25285

**FILED**  
**Apr 26, 2018**  
**Secretary of State**  
**CC5536919893**

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

**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:**

GRAF, SARAH  
8 SILVER TRL  
OCALA, FL 34472 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: SARAH GRAF**

**04/26/2018**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title ER  
Name JACOBSON, AUGUST  
Address LOT 460  
1350 NE 35TH AVE  
City-State-Zip: Ocala FL 34479

Title TRUSTEE  
Name LICARI, AUGUST  
Address 9848 SE 17 PLACE RD  
City-State-Zip: SUMMERFIELD FL 34491

Title TRUSTEE  
Name CARTER, NANCY  
Address 626A MIDWAY DR.  
City-State-Zip: Ocala FL 34472

Title TRUSTEE  
Name SEVAST, FRAN  
Address PO BOX 3100  
City-State-Zip: BELLEVIEW FL 34420

Title TREASURER  
Name HONHART, JAMES  
Address 12465 SE 92ND TIERRACE  
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: CARTER, NANCY**

**TRUSTEE**

**04/26/2018**

Electronic Signature of Signing Officer/Director Detail

Date