

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N25285

**FILED**  
**Mar 24, 2014**  
**Secretary of State**  
**CC3746316762**

**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:**

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**

**03/24/2014**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title ER  
Name RELYEA, DAVID  
Address PO BOX 3100  
City-State-Zip: BELLEVIEW FL 34421

Title TRUSTEE  
Name LEPORE, JEFFREY J  
Address 10201 SE 170TH PL  
City-State-Zip: SUMMERFIELD FL 34491

Title TRUSTEE  
Name LI CARI, AUGUST  
Address 9848 SE 174TH PLACE RD  
City-State-Zip: SUMMERFIELD FL 34491

Title TRUSTEE  
Name CARTER, NANCY  
Address 636A MIDWAY DR  
City-State-Zip: OCALA FL 34472

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

Title TREASURER  
Name LEPORE, PATRICIA J  
Address 10201 SE 170TH PL  
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 J LEPORE**

**TREASURER**

**03/24/2014**

Electronic Signature of Signing Officer/Director Detail

Date