

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25285

FILED
Apr 28, 2015
Secretary of State
CC5620615235

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

04/28/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title ER
Name LEPORE, JEFFREY J
Address 10201 SE 70TH PL
City-State-Zip: SUMMERFIELD FL 34491

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

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

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

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

04/28/2015

Electronic Signature of Signing Officer/Director Detail

Date