

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001996

Entity Name: SOUTH LAKE ELKS LODGE #1848, INC.**Current Principal Place of Business:**705 WEST MINNEOLA AVENUE
CLERMONT, FL 34711**Current Mailing Address:**P.O. BOX 120476
CLERMONT, FL 34712**FEI Number:** 59-0699166**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**EBERLINE, LESLIE B SECRETARY
705 WEST MINNEOLA AVENUE
CLERMONT, FL 34711 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:** LESLIE B EBERLINE

01/03/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P
Name	EBERLINE, JOEY
Address	705 WEST MINNEOLA AVENUE
City-State-Zip:	CLERMONT FL 34711

Title	S
Name	EBERLINE, LESLIE
Address	705 WEST MINNEOLA AVE.
City-State-Zip:	CLERMONT FL 34711

Title	T
Name	LEGGINS, DEBRA MS
Address	705 WEST MINNEOLA AVE.
City-State-Zip:	CLERMONT FL 34711

Title	D
Name	WEATHERBEE, COLLEEN MS
Address	705 WEST MINNEOLA AVENUE
City-State-Zip:	CLERMONT FL 34711

Title	DIRECTOR
Name	PILEGGI WADDLE, TERESA MS
Address	705 WEST MINNEOLA AVENUE
City-State-Zip:	CLERMONT FL 34711

Title	D
Name	NIKI, FULMER MS
Address	705 WEST MINNEOLA AVE.
City-State-Zip:	CLERMONT FL 34711

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: LESLIE B EBERLINE**SECRETARY**

01/03/2014

Electronic Signature of Signing Officer/Director Detail

Date