2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

DOCUMENT # 701002



FILED Mar 18, 2004 8:00 am Secretary of State

TITUSVILI PROTECT	LE LODGE NO. 2113, BENE TIVE ORDER OF ELKS OF T	EVOLENT AND THE UNITED STATES			03-	18-2004 900	025 037 *	****61.2	5
Principal Plac	e of Business	Mailing Address							
2955 COLUI PO BOX 213 TITUSVILLE	BIA BLVD. 37 : FL 32781-2137	2955 COLUBIA BLVD. PO BOX 2137 TITUSVILLE FL 32781-7	2137			L 88(8) (18)) 88))) 88))			
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Ň	OORE	CR2E03	7 (11/03)		
City & State	е	City & State			4. FEI Number	59-0919035	5	h	Applied For Not Applicable
Zip	Country	Zip	Country		5. Certificate of S	Status Desired		\$8.75 A	
	6. Name and Address of Current	t Registered Agent			7. Name and Ad	dress of New R	legistered /	Agent	
	<u> </u>	e e e e e e e e e e e e e e e e e e e	Na	ame					
BEC	CKWITH, RUSSELL O S. PARK AVE		Str	Street Address (P.O. Box Number is Not Acceptable)					
	JSVILLE FL 32780								
			Cit	ty			FL	Zip Co	de
the obligat	e named entity submits this statement for tions of registered agent.	or the purpose of changing its	registered off	fice or register	red agent, or both, ii	n the State of Flo	orida. I am	familiar witl	h, and accept
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE	: Registered Agen	it signature required	1 when reinstating)		DATE		
	Signature, typed or printed name of registered agen	it and title it applicable. (NOTE	: Registered Agen	nt signature required	d when reinstating)		eranan kananan		
	Signature, typed or printed name of registered agen FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Cam Trust Fund C	paign Financ		\$5.00 May Be Added to Fees		DATE Ike Check da Depar		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daylime Phone #