

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# 701002

Entity Name: TITUSVILLE LODGE NO. 2113, BENEVOLENT AND PROTECTIVE ORDER OF ELKS OF THE UNITED STATES OF AMERICA, INC.

Current Principal Place of Business:

2955 COLUMBIA BLVD.
PO BOX 2137
TITUSVILLE, FL 327812137

New Principal Place of Business:

Current Mailing Address:

2955 COLUMBIA BLVD.
PO BOX 2137
TITUSVILLE, FL 327812137

New Mailing Address:

FEI Number: 59-0919035 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BECKWITH, RUSSELL
1770 S. PARK AVE
TITUSVILLE, FL 32780 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: COWEN, DUANE
Address: 54955 BARNA AVE
City-St-Zip: TITUSVILLE, FL 327807003

Title: D () Delete
Name: GARIEPY, CHRISTOPHER
Address: PO BOX 10065
City-St-Zip: COCOA, FL 329270065

Title: D () Delete
Name: SULTZ, CLIFFORD
Address: 3445 HERON LANE
City-St-Zip: TITUSVILLE, FL 32780

Title: D () Delete
Name: HOOD, RALPH
Address: 1955 N CARPENTER RD
City-St-Zip: TITUSVILLE, FL 327961175

Title: D () Delete
Name: HADDAD, SAMUEL
Address: 4561 HELENA DR
City-St-Zip: TITUSVILLE, FL 32780

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SCHMIDT, EUGENE
Address: 940 WILD PINE RD.
City-St-Zip: MIMS, FL 32754

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: CHRISTOPHER GARIEPY

D

04/29/2005

Electronic Signature of Signing Officer or Director

_____ Date