## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 701002** 

FILED Mar 15, 2006 Secretary of State

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

UNITED STATES OF AMERICA, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

2955 COLUBIA BLVD. PO BOX 2137 TITUSVILLE, FL 327812137

**New Mailing Address: Current Mailing Address:** 

2955 COLUBIA BLVD. PO BOX 2137 TITUSVILLE, FL 327812137

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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:

Date

## Electronic Signature of Registered Agent

US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

## **OFFICERS AND DIRECTORS:**

(X) Change ( ) Addition

() Delete COWEN, DUANE BRANT, PAUL Name: Name: 54955 BARNA AVE Address: 3434 MASEK AVE. Address: City-St-Zip: TITUSVILLE, FL 327807003 City-St-Zip: MIMS, FL 327545565

Title: Title: ( ) Delete () Change () Addition

GARIEPY, CHRISTOPHER Name: Name: Address: PO BOX 10065 Address: City-St-Zip: COCOA, FL 329270065 City-St-Zip:

Title: () Delete Title: () Change () Addition

SCHMIDT, EUGENE Name: Name: 940 WILD PINE RD. Address: Address: City-St-Zip: MIMS, FL 32754 City-St-Zip:

(X) Change ( ) Addition Title: ( ) Delete Title:

COWEN, DUANE Name: HOOD, RALPH Name: 1955 N CARPENTER RD 54955 BARNA AVE. Address: Address: City-St-Zip: TITUSVILLE, FL 327961175 City-St-Zip: TITUSVILLE, FL 327807003

Title: () Delete Title: (X) Change ( ) Addition

HADDAD, SAMUEL ANDERSON, MICHAEL Name: Name: 4561 HELENA DR 1532 W. POWDERHORN RD. Address: Address: TITUSVILLE, FL 32780 City-St-Zip: City-St-Zip: TITUSVILLE, FL 32796

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: PAUL BRANT Ρ 03/15/2006