## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 703611** 

Apr 03, 2008 Secretary of State

Entity Name: JACKSONVILLE LODGE NO. 221, INC., BENEVOLENT AND PROTECTIVE ORDER OF ELKS OF

THE UNITED STATES OF AMERICA

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

1855 WEST ROAD

JACKSONVILLE, FL 32216 US

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

P O BOX 16192

JACKSONVILLE, FL 32245 US

FEI Number: 59-0974998 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:

AMBROSE, KEVIN J SECRETA 253 VINTAGE OAKS CIRCLE ST AUGUSTINE, FL 32092

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

## **OFFICERS AND DIRECTORS:**

() Delete

**PRES** 

**PRES** (X) Change ( ) Addition

ALGER, DOUGLAS MARKIEWIZC, PAUL Name: Name: 6675 ORTOLAN AVE Address: 5349 SELTON AVE Address:

City-St-Zip: JACKSONVILLE, FL 32216 US City-St-Zip: JACKSONVILLE, FL 32277 US

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

AMBROSE, KEVIN J Name: Name: Address: 253 VINATAGE OAKS CIRCLE Address: City-St-Zip: ST AUGUSTINE, FL 32092 US City-St-Zip:

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

JAMES, HURST Name: Name: Address: 4161 SUNSET LANE S Address: City-St-Zip: JACKSONVILLE, FL 32257 US City-St-Zip:

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

Name: MARKIEWIZC, JOHN Name: MARKIEWIZC, JOHN Address: 5349 SELTON AVE Address: 5349 SELTON AVE City-St-Zip: JACKSONVILLE, FL 32277 US City-St-Zip: JACKSONVILLE, FL 32277 US

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

MARKIEWIZC, PAUL ALGER, DOUG Name: Name: 5349 SELTON AVE 6675 ORTOLAN AVE Address: Address:

City-St-Zip: JACKSONVILLE, FL 32277 US City-St-Zip: JACKSONVILLE, FL 32216 US

Title: () Delete Title: (X) Change ( ) Addition JOHNS, THOMAS JOHNS, THOMAS Name: Name:

Address: 6714 PROVOST ROAD NORTH Address: 6714 PROVOST ROAD NORTH JACKSONVILLE, FL 32216 US JACKSONVILLE, FL 32216 US City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: KEVIN J AMBROSE SECR 04/03/2008

Electronic Signature of Signing Officer or Director

Date