2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703611

Jun 15, 2009 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 ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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 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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Name: MARKIEWIZC, PAUL Name: SUMRALL, EVA

Address: 5349 SELTON AVE Address: 4600 TROUT RIVER BLVD

City-St-Zip: JACKSONVILLE, FL 32277 US City-St-Zip: JACKSONVILLE, FL 32208-116 US

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

 Name:
 AMBROSE, KEVIN J
 Name:

 Address:
 253 VINATAGE OAKS CIRCLE
 Address:

 City-St-Zip:
 ST AUGUSTINE, FL 32092 US
 City-St-Zip:

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

 Name:
 JAMES, HURST
 Name:
 SHAPLEY, CAROLE

 Address:
 4161 SUNSET LANE S
 Address:
 1824 BARTRAM CIR E

 City-St-Zip:
 JACKSONVILLE, FL 32257 US
 City-St-Zip:
 JACKSONVILLE, FL 32207 US

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

 Name:
 MARKIEWIZO, JOHN
 Name:
 JOHNS, THOMAS

 Address:
 5349 SELTON AVE
 Address:
 6714 PROVOST RD N

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

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

 Name:
 ALGER, DOUG
 Name:

 Address:
 6675 ORTOLAN AVE
 Address:

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

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

Name: JOHNS, THOMAS Name: MARKIEWICZ, PAUL Address: 6714 PROVOST ROAD NORTH Address: 5349 SELTON AVE

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

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 SEC 06/15/2009

Electronic Signature of Signing Officer or Director

Date