


FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90347 008 ****70.00

**2004 NOT-FOR-PROFIT CORPORATION
 ANNUAL REPORT**

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| DOCUMENT # 703987 1. Entity Name PINELLAS PARK LODGE NO 2217, INC. BENEVOLENT AND PROTECTIVE ORDER OF ELKS OF THE UNITED STATES O | |  | |
| Principal Place of Business 7550 40TH STREET NORTH PINELLAS PARK, FL 33781 US | | Mailing Address 7550 40TH STREET NORTH PINELLAS PARK, FL 33781 US | |
| DO NOT WRITE IN THIS SPACE | | | |
| 4. FEI Number 59-1148592 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent HOGAN, REA 4241 14TH ST N SAINT PETERSBURG, FL 33705 4500 37 th ST N. Pinellas Park FL 33781 | | DO NOT WRITE IN THIS SPACE | |
| 8. 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. I am familiar with, and accept the obligations of, registered agent. | | | |
| SIGNATURE <u><i>Jeanne Marzen</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | DATE <u>4-27-04</u> <small>(NOTE: Registered Agent signature required when reappointing)</small> | |
| Filing Fee is \$61.25 Due by May 1, 2004 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD DUNHAM, JAMES 9026 37TH ST N SAINT PETERSBURG, FL 33702 Pinellas Park FL 33782 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD NOYES, RICHARD 5680 24 AV N SAINT PETERSBURG, FL 33740 Pinellas Park FL 33782 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD HOGAN, REA 4241 14TH ST N SAINT PETERSBURG, FL 33705 Pinellas Park FL 33781 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DO NOT WRITE IN THIS SPACE | | |
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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 817, 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 <u><i>James H. Dunham</i></u> <u>James H. Dunham</u> <u>4/27/4</u> <u>544-2325</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | |