

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 13, 2005 8:00 am**  
**Secretary of State**

04-13-2005 90018 048 \*\*\*\*61.25

**DOCUMENT # 703987**

1. Entity Name

**PINELLAS PARK LODGE NO 2217, INC. BENEVOLENT  
AND PROTECTIVE ORDER OF ELKS OF THE UNITED**



Principal Place of Business

**7550 40TH STREET NORTH  
PINELLAS PARK FL 33781  
US**

Mailing Address

**7550 40TH STREET NORTH  
PINELLAS PARK FL 33781  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MORGAN, JEANNE  
4500 37TH ST N  
PINELLAS PARK FL 33781**

Name

**SMITH, KAREN**

Street Address (P.O. Box Number is Not Acceptable)

**10142 44th WAY N.**

City

**PINELLAS PARK**

FL

Zip Code

**33782**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	DUNHAM, JAMES	
STREET ADDRESS	9026 37TH ST N	
CITY-ST-ZIP	PINELLAS PARK FL 33782	
TITLE	SD	<input type="checkbox"/> Delete
NAME	VESS, JOHN	
STREET ADDRESS	5680 24 AV N	
CITY-ST-ZIP	PINELLAS PARK FL 33782	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MORGAN, JEANNE	
STREET ADDRESS	4500 37TH ST N	
CITY-ST-ZIP	PINELLAS PARK FL 33781	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHEELER, PAT	
STREET ADDRESS	8712 41st STREET N	
CITY-ST-ZIP	PINELLAS PARK, FL 33782	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VOSS, JOHN	
STREET ADDRESS	3477 98th TERRACE N.	
CITY-ST-ZIP	PINELLAS PARK, FL. 33782	
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KAREN SMITH	
STREET ADDRESS	10142 44th WAY N	
CITY-ST-ZIP	PINELLAS PARK, FL 33782	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 617, 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:

**John Voss** **JOHN VOSS**

**4/8/05**

**727-544-2325**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #