2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704709 Secretary of State Entity Name: WARRINGTON LODGE NO. 2108 BENEVOLENT AND PROTECTIVE ORDER OF ELKS OF THE UNITED **STATES Current Principal Place of Business: New Principal Place of Business:** 727 S 72 AVE PENSACOLA, FL 32506 **Current Mailing Address: New Mailing Address:** 727 S 72 AVE PENSACOLA, FL 32506 FEI Number: 23-7131492 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: MILLETTE, BARRY L 7216 W JACKSON ST LOT 6 PENSACOLA, FL 32506 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: () Delete () Change () Addition PALMER, PAUL Name: Name: 7530 LONG MEADOW LN Address: Address: City-St-Zip: PENSACOLA, FL 32506 City-St-Zip: Title: DV () Delete Title: () Change () Addition FINDER, PHILIP M Name: Name: Address: 2000 BLUE SKY DR Address: City-St-Zip: PENSACOLA, FL 32506 City-St-Zip: Title: DV Title: () Change () Addition () Delete FINDER, KAY Name: Name: Address: 2000 BLUE SKY DR Address: City-St-Zip: PENSACOLA, FL 32506 City-St-Zip: Title: DV () Delete Title: () Change () Addition Name: PALMER, PAUL Name: 7530 LONG MEADOW LN Address: Address: City-St-Zip: PENSACOLA, FL 32506 City-St-Zip: Title: () Delete Title: () Change () Addition VUKSTA, MIKE Name: Name: 131 LOVETT PL Address: Address: City-St-Zip: PENSACOLA, FL 32506 City-St-Zip: Title: () Delete Title: () Change () Addition KNIGHT, JAY F Name: Name: Address: 5401 JAPONICA AVENUE Address: PENSACOLA, FL 32507 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: JAY F. KNIGHT D 07/21/2009