2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mailing Address

DOCUMENT # 705444

1. Entity Name

Principal Place of Business

DUNEDIN/CLEARWATER NO. 1525 BENEVOLENT AND PROTECTIVE ORDER OF ELKS OF THE UNITED STATES



FILED Mar 22, 2004 8:00 am Secretary of State

03-22-2004 90029 026 ****61.25



1240 SAN CHRISTOPHER DRIVE DUNEDIN FL 34698			PO BOX 697 DUNEDIN FL 34698								υz	U PW U	
2. Principal Place of Business 3.			3. Mailin	3. Mailing Address									
Suite, Apt. #, etc.				Suite, Apt. #, etc.				, MOORE CR2E037 (11/03)					
City & State				City & State				4. FEI Number Applied For Not Applied For Not Applied For					
Zip Country			Zip	Cou	Country		5. Certificate of				8.75 Add		
	6. Name	Registered	Agent		7. Name and Address of New Registered Agent						u		
Name and Address of Current Registered Agent						Name							
ANDERSON, PATRICIA A						Charact Address (B.O. Barristania Maria							
303	2 EASTL/					Street Address (P.O. Box Number is Not Acceptable)							
CLE	ARWATE												
						City					FL	Zip Code	э
8. The above	named entity	y submits this statement fo	r the purpos	e of changing its r	egistere	d office or	registere	ed agent, or both	in the State	of Florida	a. 1 am fa	miliar with.	and accept
the obligat	ions of regist	tered agent.											
SIGNATURE	Slanatura tunad	or printed name of registered agent	and title if earlier	-ble GOTE	D'-I								
atte till i treaten i s	a, la	or printed flatte of registered agent	and the il applica	100e, (NOTE:	negistere	Agent signat	are required i	when reinstaling)	T 22.796 - proces	and the state	DATE	***** ** * * * * * * * * * * * * * * *	. 90
	and the second of the second	FEE IS \$61.25 May 1, 2004	Election Campaign Finance Trust Fund Contribution.				\$5.00 May Be Added to Fees	-	Make lorida	Check Departi	Payable nent of S	to State	
10.	··· · · · · · · · · · · · · · · · · ·	OFFICERS AND DIE	RECTORS		11.		A	DDITIONS/CHAI	VGES TO OF	FICERS	AND DIR	ECTORS IN	10
TITLE	T			☐ Delete	TITLE		·					Change	☐ Addition
NAME	CAPRARA, LOUIS J			. NAME									
STREET ADDRESS	S 2187 S BRAMBLEWOOD DRIVE CLEARWATER FL 33763					et address						ĺ	
CITY-ST-ZIP		TER FL 33/03			CITY	ST-ZIP							
TITLE	D MUNDO D	ED CAM		☐ Delete	TITLE							☐ Change	☐ Addition
NAME	MUNRO, PER SAM 468 EXMOOR TERRACE												ĺ
STREET ADDRESS CITY-ST-ZIP	DUNEDIN FL 34698					ET ADDRESS							
<u> </u>	S					ST-ZIP							
TITLE NAME		N, PATRICIA A		Delete	NAM							Change	Addition
STREET ADDRESS	[LAND BLVD. #B203			E	T ADDRESS							
CITY-ST-ZIP	CLEARWA	TER FL 33761				ST-ZIP							
TITLE	D	-		Delete	TITLE							Change	Addition
NAME	RICE, TOM				NAM								
STREET ADDRESS	1	LWOOD DR.			STRE	T ADDRESS							
CITY-ST-ZIP	DUNEDIN	FL 34098			CITY	ST-ZIP							
TITLE	CANEY R	ORERT		Delete	TITLE		ER					Change	Addition
NAME	CANEY, ROBERT			- NAMI			ARTI	HUR FRENCI	Ħ				ĺ
STREET ADDRESS	DINEDINE 34608					ET ADDRESS		7 HEATHER					(
CITY-ST-ZIP	D	 · · · · · · · · · · · · · · · · · ·		,	1-	ST-ZIP		M HARBOR,	FL. 34	684			
TITLE	SHULER, R	ROBERTA		XX Delete	TITLE		D		_			X Change	Addition
NAME STREET ADDRESS	1	APDRAGON ROAD			NAMI		CAN	EY, ROBER	r, per				
CITY-ST-ZIP	TAMPA FL	. 33635		•		ET ADDRESS ST-ZIP	ויאוזם	MAPLE CT	. #203 27.608				
40 11				•	Viii.	U/ EH	ווווחת	EDIN, FL.	24090				

12. Thereby 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: \(\(\)

PATRICIA ANDERSON Sattricia Walley SECLETAKY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

727*-733-*3318