2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 26, 2005 8:00 am
Secretary of State
07-29-2005 90012 047 ****61.25

DOCUMENT # 705444

1. Entity Name
DUNEDIN/CLEARWATER NO. 1525 BENEVOLENT AND PROTECTIVE ORDER OF ELKS OF THE UNITED STATES OF AMER

66026499

Principal Place of Business	Mailing Address
1240 SAN CHRISTOPHER DRIVE DUNEDIN, FL 34698	PO BOX 697 DUNEDIN, FL 34698

07142005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
23-7176698
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

~~ANDERSON, PATRICIA A~~ Paul Hurtubise
~~3892 EASTLAND BLVD. #B203~~ 468 Exmoor Terr.
~~CLEARWATER, FL 33761~~ Dunedin, Fl. 34698

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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 Paul Hurtubise 8/18/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	CAPRARA, LOUIS J
STREET ADDRESS	2187 S BRAMBLEWOOD DRIVE
CITY-ST-ZIP	CLEARWATER, FL 33763
TITLE	D
NAME	MUNRO, PER SAM
STREET ADDRESS	468 EXMOOR TERRACE
CITY-ST-ZIP	DUNEDIN, FL 34698
TITLE	S
NAME	~~ANDERSON, PATRICIA A~~ Paul Hurtubise
STREET ADDRESS	~~3892 EASTLAND BLVD. #B203~~ 468 Exmoor Terr.
CITY-ST-ZIP	~~CLEARWATER, FL 33761~~ Dunedin, Fl. 34698
TITLE	D
NAME	RICE, TOM
STREET ADDRESS	974 KNOLLWOOD DR.
CITY-ST-ZIP	DUNEDIN, FL 34698
TITLE	ER
NAME	FRENCH, ARTHUR
STREET ADDRESS	1617 HEATHER PL
CITY-ST-ZIP	PALM HARBOR, FL 34684
TITLE	D
NAME	CANEY, ROBERT
STREET ADDRESS	861 MAPLE CT #203
CITY-ST-ZIP	DUNEDIN, FL 34698

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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 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: JoAnn Price JO ANN PRICE 7-25-05 727-733-3318
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #