


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # 705444	
1. Entity Name DUNEDIN/CLEARWATER NO. 1525 BENEVOLENT AND PROTECTIVE ORDER OF ELKS OF THE UNITED STATES OF AMER	

Principal Place of Business 1240 SAN CHRISTOPHER DRIVE DUNEDIN, FL 34698	Mailing Address PO BOX 697 DUNEDIN, FL 34698
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DO NOT WRITE IN THIS SPACE



01152007 No Chg-NP CR2E037 (4/06)

4. FEI Number 23-7176698	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HURTBISE, PAUL
4568 EXMOOR TERR
DUNEDIN, FL 34698

**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: Paul Hurtbise 1-17-2007
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 May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CAPRARA, LOUIS J 2187 S BRAMBLEWOOD DRIVE CLEARWATER, FL 33763
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MUNRO, PER SAM 468 EXMOOR TERRACE DUNEDIN, FL 34698
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HURTBISE, PAUL 468 EXMOOR TERR DUNEDIN, FL 34698
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICE, TOM 974 KNOLLWOOD DR. DUNEDIN, FL 34698
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ER FRENCH, ARTHUR 1617 HEATHER PL PALM HARBOR, FL 34684
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CANEY, ROBERT 861 MAPLE CT #203 DUNEDIN, FL 34698

U00000595145
01/23/07-80029-005 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Paul Hurtbise 1-17-2007 727-733-3318
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #