

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

03-01-2006 90035 044 \*\*\*61.00  
706927

**DOCUMENT # 706927**

1. Entity Name  
**BENEVOLENT AND PROTECTIVE ORDER OF ELKS OF  
UNITED STATES OF AMERICA #2193, INC.**



FILED

06 MAR -8 AM 10:06

STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
285 WILMETTE AVENUE  
ORMOND BEACH, FL 32174

Mailing Address  
285 WILMETTE AVENUE  
ORMOND BEACH, FL 32174



01242006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-1000279

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

GEHRING, PATRICIA B  
210 ELLICOTT DRIVE  
ORMOND BEACH, FL 32176

**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 Patricia B. Gehring PATRICIA B. GEHRING

2/9/2006  
DATE

Filing Fee is \$61.25  
Due by May 1, 2006

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

## 10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ANDREWS, JOHN
STREET ADDRESS	330 GREENWOOD AVE
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	TR
NAME	ANDERSON, ROBERT W
STREET ADDRESS	121 LYNNHURST DR
CITY-ST-ZIP	ORMOND BEACH, FL 32176
TITLE	TR
NAME	MILLER, JACK
STREET ADDRESS	303 SAWMILL CREEK CT
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	T
NAME	BODSON, AL
STREET ADDRESS	79 TROPICAL FALL DR.
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	S
NAME	GEHRING, PATRICIA B
STREET ADDRESS	285 WILMETTE AVENUE
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: Patricia B. Gehring PATRICIA B. GEHRING 2/9/06 677-6367

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone