


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 13, 2007 8:00 am**  
**Secretary of State**

07-13-2007 90087 024 \*\*\*\*61.25

<b>DOCUMENT # 706927</b> 1. Entity Name <b>BENEVOLENT AND PROTECTIVE ORDER OF ELKS OF UNITED STATES OF AMERICA #2193, INC.</b>					
Principal Place of Business <b>285 WILMETTE AVENUE ORMOND BEACH, FL 32174</b>			Mailing Address <b>285 WILMETTE AVENUE ORMOND BEACH, FL 32174</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-1000279</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>GEHRING, PATRICIA B 210 ELLICOTT DRIVE ORMOND BEACH, FL 32176</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ANDREWS, JOHN <input checked="" type="checkbox"/> Delete 330 GREENWOOD AVE ORMOND BEACH, FL 32174		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition LINDA ARMSTRONG 1326 OAK FOREST ORMOND BEACH, FL 32174	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR <input checked="" type="checkbox"/> Delete ANDERSON, ROBERT W 121 LYNNHURST DR ORMOND BEACH, FL 32176		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUSTEE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition WILLIAM CUTHBERT 1124 ROBERTS STREET ORMOND BEACH, FL 32174	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR <input type="checkbox"/> Delete MILLER, JACK 303 SAWMILL CREEK CT ORMOND BEACH, FL 32174		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Delete BODSON, AL 79 TROPICAL FALL DR. ORMOND BEACH, FL 32174		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Delete GEHRING, PATRICIA B 285 WILMETTE AVENUE ORMOND BEACH, FL 32174		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE: <i>Patricia B. Gehring</i> PATRICIA B GEHRING</b>				<b><i>3866776367</i></b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	