2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # 706927

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

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

DO NOT WRITE IN THIS SPACE

04202008 No Chg-NP CR2E037 (4/06)

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

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

U00000937905
05/27/08-80067-025 61.25

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ARMSTRONG, LINDA
STREET ADDRESS	1326 OAK FOREST
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	TR
NAME	CUTHBERT, WILLIAM
STREET ADDRESS	1124 ROBERT STREET
CITY-ST-ZIP	ORMOND BEACH, FL 32174
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 Gehring April 28, 2008 386 677 6367
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #