2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 30, 2009
Secretary of State

DOCUMENT# 706927

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

Current Principal Place of Business:

285 WILMETTE AVENUE
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

285 WILMETTE AVENUE
ORMOND BEACH, FL 32174

New Mailing Address:

FEI Number: 59-1000279 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ARMSTRONG, LINDA
Address: 1326 OAK FOREST
City-St-Zip: ORMOND BEACH, FL 32174

Title: TR ( ) Delete
Name: CUTHBERT, WILLIAM
Address: 1124 ROBERT STREET
City-St-Zip: ORMOND BEACH, FL 32174

Title: TR ( ) Delete
Name: MILLER, JACK
Address: 303 SAWMILL CREEK CT
City-St-Zip: ORMOND BEACH, FL 32174

Title: T ( ) Delete
Name: BODSON, AL
Address: 79 TROPICAL FALL DR.
City-St-Zip: ORMOND BEACH, FL 32174

Title: S ( ) Delete
Name: GEHRING, PATRICIA B
Address: 285 WILMETTE AVENUE
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: GEHRING, PATRICIA B
Address: 210 ELLICOTT DRIVE
City-St-Zip: ORMOND BEACH, FL 32174

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TR (X) Change ( ) Addition
Name: ORENDORF, ROGER
Address: 71 FALLS WAY DR
City-St-Zip: ORMOND BEACH, FL 32174

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SEC (X) Change ( ) Addition
Name: EDWARDS, JOYCE A
Address: 7 WHITE DOVE LANE
City-St-Zip: PALM COAST, FL 32164

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA B GEHRING P 06/30/2009

Electronic Signature of Signing Officer or Director — Date