

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90053 018 ****70.00

DOCUMENT # 708980

1. Entity Name
**HOLIDAY ISLES LODGE NO.1912 INC., BENEVOLENT
AND PROTECTIVE ORDER OF ELKS OF THE UNITED
STATES O**



Principal Place of Business
**VOLENT AND PROTECTIVE ORDER OF ELKS OF
14111 E. PARSLEY DRIVE, BOX 8066
MADEIRA BEACH, FL 33708**

Mailing Address
**VOLENT AND PROTECTIVE ORDER OF ELKS OF
14111 E. PARSLEY DRIVE, BOX 8066
MADEIRA BEACH, FL 33708**

40000111



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03162005

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number

59-2210992

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KREMMELE, CLETUS
4550 COVE CIR., APT. 702
ST. PETERSBURG, FL 33708**

Name **FLORENCE R. SUMSKY**

Street Address (P.O. Box Number is Not Acceptable)
9558 OAKHURST ROAD

City **SEMINOLE**

FL

Zip Code
33776

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**Filing Fee is \$81.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution ☒

**\$5.00 May Be
Added to Fees**

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PR** ☒ Delete
NAME **HUNT, DONALD DR.**
STREET ADDRESS **6123 113TH ST. N., #503**
CITY-ST-ZIP **SEMINOLE, FL 33772**

TITLE **P/D** ☒ Change ☐ Addition
NAME **PITNEY, RAYMOND R.**
STREET ADDRESS **7827 9TH AVE SO**
CITY-ST-ZIP **ST. PETERSBURG, FL 33708-2730**

TITLE **DS** ☒ Delete
NAME **KREMMELE, CLETUS**
STREET ADDRESS **4550 COVE CIR., APT. 702**
CITY-ST-ZIP **ST. PETERSBURG, FL 33708**

TITLE **S/D** ☒ Change ☐ Addition
NAME **SUMSKY, FLORENCE R.**
STREET ADDRESS **9558 OAKHURST ROAD**
CITY-ST-ZIP **SEMINOLE, FL 33776-1220**

TITLE **T** ☐ Delete
NAME **SWETEL, DIANA L**
STREET ADDRESS **11200 6TH STREET E.**
CITY-ST-ZIP **TREASURE ISLAND, FL 33706**

TITLE ☐ Change ☐ Addition
NAME **-**
STREET ADDRESS **-**
CITY-ST-ZIP **-**

TITLE ☐ Delete
NAME **-**
STREET ADDRESS **-**
CITY-ST-ZIP **-**

TITLE ☐ Change ☐ Addition
NAME **-**
STREET ADDRESS **-**
CITY-ST-ZIP **-**

TITLE ☐ Delete
NAME **-**
STREET ADDRESS **-**
CITY-ST-ZIP **-**

TITLE ☐ Change ☐ Addition
NAME **-**
STREET ADDRESS **-**
CITY-ST-ZIP **-**

TITLE ☐ Delete
NAME **-**
STREET ADDRESS **-**
CITY-ST-ZIP **-**

TITLE ☐ Change ☐ Addition
NAME **-**
STREET ADDRESS **-**
CITY-ST-ZIP **-**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Diana L. Swetel **Diana L. Swetel, Treas - 4-11-05** **727-393-1545**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #