

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Apr 20, 2009**  
**Secretary of State**

DOCUMENT# 708980

**Entity Name:** HOLIDAY ISLES LODGE NO.1912 INC., BENEVOLENT AND PROTECTIVE ORDER OF ELKS OF  
THE UNITED STATES OF AMERICA**Current Principal Place of Business:**B.P.O. ELKS  
14111 E. PARSLEY DRIVE, BOX 8066  
MADEIRA BEACH, FL 33708**New Principal Place of Business:****Current Mailing Address:**B.P.O. ELKS  
14111 E. PARSLEY DRIVE, BOX 8066  
MADEIRA BEACH, FL 33708**New Mailing Address:****FEI Number:** 59-0745159**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**O'MALLEY, PAUL T TR  
14111 E PARSLEY DR  
MADERA BEACH, FL 33708 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:** TR ( ) Delete  
**Name:** O'MALLEY, PAUL T TR  
**Address:** 6475 SHORELINE DRIVE UNIT 5104  
**City-St-Zip:** ST. PETERSBURG, FL 33708**Title:** PD ( ) Delete  
**Name:** DAVISSON, WILLIAM  
**Address:** 6811 121ST STREET  
**City-St-Zip:** SEMINOLE, FL 33708**Title:** SD ( ) Delete  
**Name:** KIERSTEAD, DONNA  
**Address:** 14111 E PARSLEY DR  
**City-St-Zip:** MADEIRA BEACH, FL 33708**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

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: PAUL T. O'MALLEY

TR

04/20/2009

Electronic Signature of Signing Officer or Director

Date