

2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Dec 13, 2012
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:**MARKS, TIMOTHY M TR
14183 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
Name: MARKS, TIMOTHY M TR
Address: 14183 E PARSLEY DRIVE
City-St-Zip: MADEIRA BEACH, FL 33708**Title:** ER
Name: BORING, JUNE
Address: 14183 E PARSLEY DR
City-St-Zip: MADEIRA BEACH, FL 33708**Title:** S
Name: FRITZ, DEBBIE
Address: 14183 E PARSELY DR
City-St-Zip: MADEIRA BEACH, FL 33708**Title:** CHRM
Name: HOFFMAN, GORDON R
Address: 14025 LOOKOUT WAY
City-St-Zip: SEMINOLE, FL 33776

I hereby 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 all other like empowered.

SIGNATURE: GORDON R HOFFMAN

CHRM

12/13/2012

Electronic Signature of Signing Officer or Director

Date