

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 715235

FILED
Jan 26, 2007
Secretary of State

Entity Name: COCOA BEACH, FLORIDA LODGE NO. 2387, BENEVOLENT AND PROTECTIVE ORDER OF THE UNITED STATES OF AMERICA, INC.

Current Principal Place of Business:

P.O. BOX 320237
COCOA BEACH, FL 329320237

New Principal Place of Business:

175 N BREVARD AVENUE
COCOA BEACH, FL 32931

Current Mailing Address:

P.O. BOX 320237
COCOA BEACH, FL 329320237

New Mailing Address:

FEI Number: 23-7131482 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CHRISTENSEN, EDWARD R
175 N. BREVARD AVE.
COCOA BEACH, FL 32931 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: ER () Delete
Name: CHRISTENSEN, EDWARD
Address: 175 N BREVARD AVE
City-St-Zip: COCOA BEACH, FL 32931

Title: TD () Delete
Name: EGENOEFER, DONALD
Address: 175 N. BREVARD AVE.
City-St-Zip: COCOA BEACH, FL 32931

Title: VP () Delete
Name: QUESTA, GENEVA
Address: 175 N. BREVARD AVENUE
City-St-Zip: COCOA BEACH, FL 32931

Title: TD () Delete
Name: LOYCE, JANE
Address: 175 N BREVARD AVENUE
City-St-Zip: COCOA BEACH, FL 32931

Title: TD () Delete
Name: PHILLIPS, MARTIN
Address: 175 N BREVARD AVENUE
City-St-Zip: COCOA BEACH, FL

Title: () Delete
Name:
Address:
City-St-Zip:

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:

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

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

Title: S () Change (X) Addition
Name: SPIRES, PETER W
Address: 175 N BREVARD AVENUE
City-St-Zip: COCOA BEACH, FL 32931

I hereby certify that the information supplied with this filing does not qualify for the 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: PETER W SPIRES

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01/26/2007

Electronic Signature of Signing Officer or Director

Date