2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2009
Secretary of State

DOCUMENT# 715235

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

Current Principal Place of Business:

175 N BREVARD AVENUE
COCOA BEACH, FL 32931

New Principal Place of Business:

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: WINN, JACK
Address: 175 N BREVARD AVE
City-St-Zip: COCOA BEACH, FL 32931

Title: S ( ) Delete
Name: SPIRES, PETER W
Address: 175 N. BREVARD AVE.
City-St-Zip: COCOA BEACH, FL 32931

Title: T ( ) Delete
Name: SPIRES, WINIFRED M
Address: 175 N. BREVARD AVENUE
City-St-Zip: COCOA BEACH, FL 32931

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

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

Title: TD (X) Delete
Name: EGAN, JOSEPH M
Address: 175 N BREVARD AVENUE
City-St-Zip: COCOA BEACH, FL 32931

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ER (X) Change ( ) Addition
Name: LITTLE, WALTER
Address: 175 N BREVARD AVE
City-St-Zip: COCOA BEACH, FL 32931

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

Title: T (X) Change ( ) Addition
Name: CHAMBERLAIN, KATHLEEN A
Address: 175 N. BREVARD AVENUE
City-St-Zip: COCOA BEACH, FL 32931

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: KATHLEEN CHAMBERLAIN TRES 01/28/2009

Electronic Signature of Signing Officer or Director — Date