

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 719098

FILED  
Feb 10, 2007  
Secretary of State

**Entity Name:** APOPKA LODGE, NO. 2422, BENEVOLENT AND PROTECTIVE ORDER OF ELKS OF THE UNIT

**Current Principal Place of Business:**

201 W. ORANGE STREET  
APOPKA, FL 327034213

**New Principal Place of Business:**

**Current Mailing Address:**

201 W. ORANGE STREET  
APOPKA, FL 327034213

**New Mailing Address:**

**FEI Number:** 59-1317212      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

KRETSCHMAN, ERIC ER  
2422 DRAKE DRIVE  
ORLANDO, FL 32810 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: KRETSCHMAN, ERIC  
Address: 2422 DRAKE DRIVE  
City-St-Zip: ORLANDO, FL 32810 US

Title: S ( ) Delete  
Name: LINDA, LABBE  
Address: 826 HILLYBEND DRIVE  
City-St-Zip: APOPKA, FL 32712 US

Title: T ( ) Delete  
Name: SCOTT, PATRICIA A  
Address: P.O. BOX 988  
City-St-Zip: SORRENTO, FL 32776 US

Title: D ( ) Delete  
Name: HOPPING, WARREN  
Address: 4565 HERITAGE OAK DRIVE  
City-St-Zip: ORLANDO, FL 32808 US

Title: D ( ) Delete  
Name: HAMRICK, PATRICIA  
Address: 51 WEST OAK STREET  
City-St-Zip: APOPKA, FL 32712 US

Title: D ( ) Delete  
Name: WILBERN, MONTY  
Address: P.O. BOX 763  
City-St-Zip: SORRENTO, FL 32710 US

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

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: PATRICIA A. SCOTT

TREA

02/10/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date