2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2003 8:00 am
Secretary of State
05-29-2003 90139 002 ****70.00

DOCUMENT # 719098

1. Entity Name
APOPKA LODGE, NO. 2422, BENEVOLENT AND PROTECTIV E ORDER OF ELKS OF THE UNIT

Principal Place of Business	Mailing Address
201 W. ORANGE STREET APOPKA FL 32703-4213	201 W. ORANGE STREET APOPKA FL 32703-4213

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1317212 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HODGES, GEORGE EA 250 SOUTH CR 427 SUITE 116 LONGWOOD FL 32750	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MAHONEY, STEPHEN J 550 QUAIL AVENUE ALTAMONTE SPRINGS FL 32714	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EXALTED RULER WILBEEN, MONTY PO BOX 763 CLARCONA FL 32710	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S POPE, CHRISTINE V 1511 E ABIGAIL STREET APOPKA FL 32703	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY WILLIAMSON, JANET 4565 HERITAGE OAK DR. ORLANDO, FL 32808-1324	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BRADDY, JOHN P 32340 OKALOOSA TRL SORRENTO FL 32776-8994	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER GROSSKOPF, BONNIE 1253 FOXDEN BRD APOPKA, FL 327	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C COX, MARGARETT 507 N LAKE AVENUE APOPKA FL 32712	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TRUSTEE HOPPING, WARREN 4565 HERITAGE OAK DR ORLANDO, FL 32808-1324	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DENTEL, WILLIAM A 4023 W PONKAN ROAD APOPKA FL 32712	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCOTT, TERRY R P O BOX 988 SORRENTO FL 32776-0988	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Janet Williamson Secretary 4-27-03 407-532-3553
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #