

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 722251 1. Entity Name NORTH MIAMI ELKS LODGE 1835, INC.						FILED 07 SEP 21 PM 1:17 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
Principal Place of Business 12495 NE 2ND AVENUE NORTH MIAMI, FL 33161				Mailing Address 12495 NE 2ND AVENUE NORTH MIAMI, FL 33161			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number 59-6478697				Applied For ☐ Not Applicable			
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent DELUCCA, ANTHONY J, SR 14370 NE 4TH AVE MIAMI, FL 33161				7. Name and Address of New Registered Agent 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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)							
Filing Fee is \$61.25 Due by September 14, 2007				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 PD NAME TANNER, LARRY STREET ADDRESS 480 NE 128TH ST CITY-ST-ZIP MIAMI, FL 33161	☒ Delete			TITLE VP NAME MARIO CATALANO STREET ADDRESS 8039 Lake Dr #103 CITY-ST-ZIP Miami, FL 33166	☐ Change ☒ Addition		
TITLE TD NAME CUNNINGHAM, RICHARD STREET ADDRESS 185 NE 129TH ST CITY-ST-ZIP NORTH MIAMI, FL 33161	☐ Delete			TITLE 400109770784 NAME 09/21/07--01055--016 STREET ADDRESS **61.25 CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE VD NAME MAYS, NANCY STREET ADDRESS 10190 COLLINS AVE CITY-ST-ZIP MIAMI BEACH, FL 33154	☐ Delete			TITLE PD NAME MAYS, NANCY STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition		
TITLE SD NAME BORSUK, PATRICIA STREET ADDRESS 1461 NE 169TH ST #223 CITY-ST-ZIP MIAMI, FL 33161	☒ Delete			TITLE SD NAME RAYMOND MARTINEZ STREET ADDRESS 1600 NE 114TH ST CITY-ST-ZIP N. Miami, FL 33161	☒ Change ☐ Addition		
TITLE ATD NAME DELUCCA, ANTHONY J SR. STREET ADDRESS 12495 N.E. 2ND AVE. CITY-ST-ZIP N. MIAMI, FL	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE CD NAME ORTIZ, JOSEPH SR STREET ADDRESS 1000 NW 1501TH ST CITY-ST-ZIP MIAMI, FL 33169	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Nancy Mays</u> <u>Nancy Mays</u>				<u>9/14/07</u>		<u>305 868-4047</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date		Daytime Phone #	