

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 22, 2007 8:00 am**  
**Secretary of State**

05-22-2007 90013 015 \*\*\*\*70.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                            |                                                                                     |                                                                    |                                                                                                                                                                                                                        |                                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>DOCUMENT # 722283</b><br>1. Entity Name<br><b>PALMETTO LODGE, NO. 2449, BENEVOLENT AND PROTECTIVE ORDER OF ELKS OF THE UNITED STATES OF AMERICA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                            |                                                                                     |                                                                    |                                                                                                                                                                                                                        |                                                                              |
| Principal Place of Business<br><b>4611 4TH AVE EAST<br/>PALMETTO, FL 34221 US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                            |                                                                                     | Mailing Address<br><b>P.O. BOX 272<br/>PALMETTO, FL 34220-0272</b> |                                                                                                                                                                                                                        |                                                                              |
| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                            | 3. Mailing Address<br>Suite, Apt. #, etc.                                           |                                                                    |                                                                                                                                                                                                                        |                                                                              |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                            | City & State                                                                        |                                                                    |                                                                                                                                                                                                                        |                                                                              |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country                                                                                    | Zip                                                                                 | Country                                                            | 4. FEI Number<br><b>59-1591351</b>                                                                                                                                                                                     |                                                                              |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                            |                                                                                     |                                                                    | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                                                                 |                                                                              |
| 6. Name and Address of Current Registered Agent<br><br><b>QUINN, ROBERT W.<br/>6201 US 41 NORTH #2205<br/>4611 4TH AVE. EAST<br/>PALMETTO, FL 34221</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                            |                                                                                     |                                                                    | 7. Name and Address of New Registered Agent<br>Name <b>JUDY A. VERGASON</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>4611 4TH AVE. E</b><br><b>PALMETTO</b><br>City <b>FL</b> Zip Code <b>34221</b> |                                                                              |
| 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 <b>Judy A. VERGASON</b> <i>Judy A. Vergason</i> <b>4/28/07</b><br><small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)</small>                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                            |                                                                                     |                                                                    |                                                                                                                                                                                                                        |                                                                              |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2007</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                            | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                                    | <b>\$5.00 May Be<br/>Added to Fees</b>                                                                                                                                                                                 |                                                                              |
| <b>Make check payable to<br/>Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                            |                                                                                     |                                                                    |                                                                                                                                                                                                                        |                                                                              |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                            |                                                                                     | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>       |                                                                                                                                                                                                                        |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | S<br><b>VACCARO, ROBERT</b><br><b>6201 US 41 N #2206</b><br><b>PALMETTO, FL 34221</b>      | <input checked="" type="checkbox"/> Delete                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                     | S.<br><b>TOM DILLMAN</b><br><b>3909 SAND POINTE DR. W.</b><br><b>BRADENTON, FL 34205</b>                                                                                                                               | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | VP<br><b>GARD, JAMES E</b><br><b>2503 WATERFORD CT</b><br><b>PALMETTO, FL 34221</b>        | <input checked="" type="checkbox"/> Delete                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                     | VP<br><b>GREG HARROD</b><br><b>3511 SCHOONER</b><br><b>PARRISH, FL 34219-9491</b>                                                                                                                                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | P<br><b>HENDRICK, CAL</b><br><b>4611 PALMETTO POINT DRIVE</b><br><b>PALMETTO, FL 34221</b> | <input checked="" type="checkbox"/> Delete                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                     | P<br><b>JAMES MOONEY</b><br><b>8483 IMPERIAL CIR</b><br><b>PALMETTO, FL 34221</b>                                                                                                                                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | D<br><b>MOONEY, JAMES</b><br><b>8483 IMPERIAL CIRCLE</b><br><b>PALMETTO, FL 34221</b>      | <input checked="" type="checkbox"/> Delete                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                     | <b>WESTON TOWNSEND</b><br><b>8440 REGAL WAY</b><br><b>PALMETTO, FL 34221</b>                                                                                                                                           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | S<br><b>QUINN, ROBERT W</b><br><b>6201 US 41 N., #2053</b><br><b>PALMETTO, FL 34221</b>    | <input checked="" type="checkbox"/> Delete                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                     | <b>JERRY BLACKWELL</b><br><b>515 EDGEWATER DR</b><br><b>ELLENTON, FL 34222</b>                                                                                                                                         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | D<br><b>WEDGE, DONALD</b><br><b>7811 55TH ST E</b><br><b>PALMETTO, FL 34221</b>            | <input checked="" type="checkbox"/> Delete                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                     | <b>AL SKADAN</b><br><b>5700 BAY SHORE RD</b><br><b>PALMETTO, FL 34221</b>                                                                                                                                              | <input type="checkbox"/> Change <input type="checkbox"/> 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: <b>JAMES P. MOONEY</b> <i>James P. Mooney</i> <b>4-28-07</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                            |                                                                                     |                                                                    |                                                                                                                                                                                                                        |                                                                              |