

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2008 8:00 am**  
**Secretary of State**

04-10-2008 90031 028 \*\*\*\*61.25

**DOCUMENT # 724603**



1. Entity Name  
SANFORD LODGE NO.1241 BENEVOLENT AND  
PROTECTIVE ORDER OF ELKS OF THE UNITED STATES  
OF AMERICA, I

Principal Place of Business  
1006 E. 2ND STREET  
SANFORD, FL 32771 US

Mailing Address  
P O BOX 1346  
SANFORD, FL 32772



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01032008 Chg-NP CR2E037 (12/06)

4. FEI Number  
59-0651146

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

MCKIBBIN, ALEX H  
114 N PARK AVE  
SANFORD, FL 32773

Name ALEX H. MCKIBBIN

Street Address (P.O. Box Number is Not Acceptable)

132 S. HOLLY STREET

City LAKE MARY

FL

Zip Code  
32746

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

ALEX H. MCKIBBIN  
CORP. SECRETARY

4/7/2008

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

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 T ☐ Delete  
NAME ROGERS, JOE B  
STREET ADDRESS 102 WESTWIND CT  
CITY-ST-ZIP SANFORD, FL 32773

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE P ☐ Delete  
NAME DUNN, RONALD  
STREET ADDRESS 2018 S PALMETTO AVE  
CITY-ST-ZIP SANFORD, FL 327714362

TITLE TRUSTEE ☒ Change ☐ Addition  
NAME ☒ Change ☐ Addition  
STREET ADDRESS ☒ Change ☐ Addition  
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE S ☐ Delete  
NAME MC KIBBIN, ALEX H.  
STREET ADDRESS 114 NORTH PARK AVENUE  
CITY-ST-ZIP SANFORD, FL

TITLE ☒ Change ☐ Addition  
NAME ☒ Change ☐ Addition  
STREET ADDRESS 132 S. HOLLY STREET  
CITY-ST-ZIP LAKE MARY, FL 32746

TITLE TR ☐ Delete  
NAME COLBERT, JOHN T  
STREET ADDRESS 2859 DOE RUN TRL  
CITY-ST-ZIP ORANGE CITY, FL 32763

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VP ☐ Delete  
NAME MAGNER, WILLIAM  
STREET ADDRESS 2612 MOHAWK AVE  
CITY-ST-ZIP SANFORD, FL 32773

TITLE PRESIDENT ☒ Change ☐ Addition  
NAME ☒ Change ☐ Addition  
STREET ADDRESS ☒ Change ☐ Addition  
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE TR ☐ Delete  
NAME CONWAY, GARRY  
STREET ADDRESS 715 BAYWOOD DR  
CITY-ST-ZIP SANFORD, FL 32773

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
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:

ALEX H. MCKIBBIN  
CORP. SECRETARY

4/7/2008 407-322-5913

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #