


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2005 8:00 am
Secretary of State

03-31-2005 90059 006 ****61.25

DOCUMENT # 729290					
1. Entity Name BRANDON LODGE NO.2383, "THE CENTENNIAL LODGE", BENEVOLENT AND PROTECTIVE ORDER OF ELKS OF THE UN					
Principal Place of Business 800 CENTENNIAL LODGE DR BRANDON, FL 33510 US			Mailing Address 800 CENTENNIAL LODGE DR BRANDON, FL 33510 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		

50032896



01052005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-1537969		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CANTRELL, RONALD 9220 CARR RD. RIVERVIEW, FL 33569		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 _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable. DATE _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing: Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input checked="" type="checkbox"/> Delete		TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BROWN, LEONARD C JR.			NAME	Martinez Teresa Kim		
STREET ADDRESS	2701 SPRING MEADOW DR.			STREET ADDRESS	627 E Lumsden Rd		
CITY-ST-ZIP	PLANT CITY, FL 33566			CITY-ST-ZIP	Brandon FL 33511		
TITLE	SD	<input type="checkbox"/> Delete		TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RHODES, RICHARD A.			NAME	Thomas M. Tennant		
STREET ADDRESS	717 KINGSWOOD LOOP			STREET ADDRESS	3072 Wister Circle		
CITY-ST-ZIP	BRANDON, FL			CITY-ST-ZIP	Valrico FL 33594		
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HAYES, C.J.			NAME			
STREET ADDRESS	13216 PARKHURST CT.			STREET ADDRESS			
CITY-ST-ZIP	RIVERVIEW, FL 33569			CITY-ST-ZIP			
TITLE	CD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CATRELL, RONALD D			NAME			
STREET ADDRESS	9220 CARR RD.			STREET ADDRESS			
CITY-ST-ZIP	RIVERVIEW, FL 33569			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: C J Hayes  3/28/05 813.685.6469
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #