


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 729290</b>	
1. Entity Name <b>BRANDON LODGE NO.2383, "THE CENTENNIAL LODGE", BENEVOLENT AND PROTECTIVE ORDER OF ELKS OF THE UN</b>	

Principal Place of Business <b>800 CENTENNIAL LODGE DR BRANDON, FL 33510 US</b>	Mailing Address <b>800 CENTENNIAL LODGE DR BRANDON, FL 33510 US</b>
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**DO NOT WRITE IN THIS SPACE**



01032007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-1537969</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>CANTRELL, RONALD 9220 CARR RD. RIVERVIEW, FL 33569</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TURNER, JAMES A 2954 HICKORY GROVE DR VALRICO, FL 33594
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TENNANT, THOMAS M 3072 WISTER CIRCLE VALRICO, FL 33594
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HAYES, C.J. 13216 PARKHURST CT. RIVERVIEW, FL 33569
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD SCOTCH, WILLIAM A 206 GRANADA CT. N PLANT CITY, FL 33566722
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

U00000712752  
04/26/07-80061-013 61.25

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:** *C.J. Hayes* **C.J. HAYES** *4/12/07* **813.685.6469**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #