

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90064 014 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01182008 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number 59-1537969	
Zip		Country		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
Filing Fee Is \$61.25 Due by May 1, 2008		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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD NAME TURNER, JAMES A STREET ADDRESS 2954 HICKORY GROVE DR CITY-ST-ZIP VALRICO, FL 33594	<input checked="" type="checkbox"/> Delete		TITLE PD NAME MOON, DONALD G. STREET ADDRESS 1656 OPEN FIELD LOOP CITY-ST-ZIP BRANDON FL. 33510	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD NAME TENNANT, THOMAS M STREET ADDRESS 3072 WISTER CIRCLE CITY-ST-ZIP VALRICO, FL 33594	<input checked="" type="checkbox"/> Delete		TITLE SD NAME HARRIS LARRY W STREET ADDRESS 16910 HARRIER RIDGE PL. CITY-ST-ZIP LITHIA, FL 33547	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME HAYES, C.J. STREET ADDRESS 13216 PARKHURST CT. CITY-ST-ZIP RIVERVIEW, FL 33569	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE CD NAME SCOTCH, WILLIAM A STREET ADDRESS 206 GRANADA CT. N CITY-ST-ZIP PLANT CITY, FL 33566722	<input checked="" type="checkbox"/> Delete		TITLE CD NAME SAWDEY, STEVEN R. STREET ADDRESS 431 SUNNIT CHASE DR CITY-ST-ZIP VALRICO, FL 33594	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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:			C.J. HAYES 4/9/08 615.6469		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					