

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731583

FILED
Apr 21, 2008
Secretary of State

Entity Name: ARIPEKA LODGE NO. 2520 BENEVOLENT AND PROTECTIVE ORDER OF ELKS OF THE UNITED STATES OF AMERICA INCORPORATED

Current Principal Place of Business:

9135 DENTON AVE
HUDSON, FL 346674340

New Principal Place of Business:

Current Mailing Address:

9135 DENTON AVE
HUDSON, FL 346674340

New Mailing Address:

FEI Number: 59-6552205

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEJEDLO, JOHN
15430 WAXWEED AVE
SPRING HILL, FL 34610 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FRANZ, PHILIP
Address: 10820 KIM LN
City-St-Zip: HUDSON, FL 34669

Title: T () Delete
Name: POSTERA, RICHARD
Address: 10194 SPRING HILL DR
City-St-Zip: SPRING HILL, FL 34608

Title: D () Delete
Name: SPROUL, JACK
Address: 10258 BELL TOWER ST
City-St-Zip: SPRING HILL, FL 34608

Title: D () Delete
Name: JACKSON, LEO
Address: PO BOX 5645
City-St-Zip: HUDSON, FL 34674

Title: S () Delete
Name: NEJEDLO, JOHN
Address: 15430 WAXWEED AVE
City-St-Zip: SPRING HILL, FL 34610

Title: D () Delete
Name: STONER, ROBERT
Address: 13600 WOODSIDE DR
City-St-Zip: HUDSON, FL 34667

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GETZ, WAYNE
Address: 11310-3 CARRIAGE HILL RD
City-St-Zip: PORT RICHEY, FL 34668

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN NEJEDLO

S

04/21/2008

Electronic Signature of Signing Officer or Director

Date