2005 NOT FOR PROFIT CORPORATION

ANNUAL REPORT (AR)								
DOCU 1. Entity Nam	MENT # 736190	۲.	!		FILE	ED		
SEMINOLE LODGE NO. 2519, BENEVOLENT AND PROTECTIVE ORDER OF ELKS OF THE UNITED STATES			s		05 SEP 30	PM 1:16		
Principal Plac	e of Business	Mailing Address	··		JEUNI I ARY I	DE STATE		
10717 SEMINOLE BLVD. SEMINOLE FL 33778 US			10717 SEMINOLE BLVD. SEMINOLE FL 33778 US		FALLAHASSEE	OF STATE E. FLO SOMAGA	921	
2. Principal Place of Business		3. Mailing Address				BBD BIRK BIRK BIRK SIEK SIEK	#481HB+ 61 1881	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		1st MOORE	CR2E037 (10/04))	
City,& State		City & State	City & State		4. FEI Number 51-0171548) 	Applied For Not Applicable	
Zip Country		Zip	Country		5. Certificate of Status Desired	\$8.75 A		
6. Name and Address of Current Registered Agent			Name	7. Name and Address of New Registered Agent				
ZEOCK, JOHN D 11127 102ND LANE				Street Address (P.O. Box Number is Not Acceptable)				
LARGO FL 33773								
			City	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								
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
		9. Election C	ampaign Financing					
製造 強 かいこう		Trust Fund	Contribution.		\$5.00 May Be Added to Fees Horid	Geleakirayad Diramiyan ko	e(b) Ship	
10.	OFFICERS AN	DDIRECTORS	Contribution.		\$5.00 May Be Added to Fees Floric	ntegnatijento	She	
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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.

eorge T. Tibbetts, Sect 9-08-05-727+397-SIGNATURE