


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90092 017 ****61.25

DOCUMENT # 737124 1. Entity Name INVERNESS ELKS LODGE, NO. 2522 BENEVOLENT AND PROTECTIVE ORDER OF ELKS OF THE UNITED STATES					
Principal Place of Business 3580 LEMON STREET HERNANDO FL 34442 US		Mailing Address P.O. BOX 840 HERNANDO FL 34442-0840 US			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 23-7415586	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MABIE, WALTER 3700 DIAMOND CIRCLE HERNANDO FL 34442			7. Name and Address of New Registered Agent 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>Signatures, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		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 NAME STREET ADDRESS CITY - ST - ZIP	PD GRAHAM, THOMAS F 2825 S. BUCKLEY PT INVERNESS FL 34450-7505	<input checked="" type="checkbox"/> Delete	TITLE PD NAME STREET ADDRESS CITY - ST - ZIP	PD Frank A. Morda 9072 SW 109th Ln Ocala FL 34481-3647	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SULLIVAN, JOHN J 719 E MORNINGSTAR LANE HERNANDO FL 34442	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Walter E. Strache 1640 E Monopoly Lp Inverness FL 34453-3621	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MABIE, WALTER 3700 E. DIAMOND CIRCLE HERNANDO FL 34442	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Dan Chun 9251 N Commodore Dr Citrus Springs FL 34434-4941	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LONGTIN, LEO P 727 E. GAINES LN HERNANDO FL 34442-4773	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD HILL, CHARLES W 99 E DAKOTA CT HERNANDO FL 34442-5327	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD HILL, CHARLES W 99 E DAKOTA CT HERNANDO FL 34442-5327	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD HILL, CHARLES W 99 E DAKOTA CT HERNANDO FL 34442-5327	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Walter E. Mabie *Walter E. Mabie* **2-9-07** **352/726-2027**