


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2008 8:00 am
Secretary of State

01-23-2008 90010 007 ****61.25

DOCUMENT # 737124					
1. Entity Name INVERNESS ELKS LODGE, NO. 2522 BENEVOLENT AND PROTECTIVE ORDER OF ELKS OF THE UNITED STATES OF A					
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 #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 23-7415586	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
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 _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing <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 MORDA, FRANK A STREET ADDRESS 9072 SW 109TH LN CITY - ST - ZIP OCALA, FL 34481	<input checked="" type="checkbox"/> Delete		TITLE PD NAME Michael P. Wagenblast STREET ADDRESS 4103 E Camp Izzard PL CITY - ST - ZIP Dunnellon FL 34434-4705	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME STRACHE, WALTER STREET ADDRESS 1640 E. MONOPOLY LP CITY - ST - ZIP INVERNESS, FL 34453	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD NAME MABIE, WALTER STREET ADDRESS 3700 E. DIAMOND CIRCLE CITY - ST - ZIP HERNANDO, FL 34442	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME CHUN, DAN STREET ADDRESS 9251 N. COMMODORE DR. CITY - ST - ZIP CITRUS SPRINGS, FL 34434	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME HILL, CHARLES W STREET ADDRESS 99 E DAKOTA CT CITY - ST - ZIP HERNANDO, FL 344425327	<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: <i>Walter E. Mabie</i>			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
WALTER E. MABIE Sec			Date		
1-16-08			Daytime Phone #		
352-776-2027					