

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737124

FILED
Jan 06, 2009
Secretary of State

Entity Name: INVERNESS ELKS LODGE, NO. 2522 BENEVOLENT AND PROTECTIVE ORDER OF ELKS OF THE UNITED STATES OF AMERICA, INC.

Current Principal Place of Business:

3580 LEMON STREET
HERNANDO, FL 34442 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 840
HERNANDO, FL 344420840 US

New Mailing Address:

FEI Number: 23-7415586

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MABIE, WALTER
3700 DIAMOND CIRCLE
HERNANDO, FL 34442 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: PD () Delete
Name: WAGENBLAST, MICHAEL P
Address: 4103 E CAMP IZZARD PL
City-St-Zip: DUNNELLON, FL 344344705

Title: D () Delete
Name: STRACHE, WALTER
Address: 1640 E. MONOPOLY LP
City-St-Zip: INVERNESS, FL 34453

Title: SD () Delete
Name: MABIE, WALTER
Address: 3700 E. DIAMOND CIRCLE
City-St-Zip: HERNANDO, FL 34442

Title: D () Delete
Name: CHUN, DAN
Address: 9251 N. COMMODORE DR.
City-St-Zip: CITRUS SPRINGS, FL 34434

Title: TD () Delete
Name: HILL, CHARLES W
Address: 99 E DAKOTA CT
City-St-Zip: HERNANDO, FL 344425327

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: KRAUSE, RICHARD K
Address: 1700 E. CLEVELAND ST.
City-St-Zip: HERNANDO, FL 34442

Title: D (X) Change () Addition
Name: STRACHE, WALTER E
Address: 1640 E. MONOPOLY LP
City-St-Zip: INVERNESS, FL 34453

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

Title: D (X) Change () Addition
Name: GRAHAM, THOMAS F
Address: 2025 S. BUCKLEY PT.
City-St-Zip: INVERNESS, FL 34450

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: WALTER E. MABIE

SD

01/06/2009

Electronic Signature of Signing Officer or Director

Date