

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90080 018 ****61.25

DOCUMENT # 739962

1. Entity Name
**BENEVOLENT AND PROTECTIVE ORDER OF ELKS OF
THE UNITED STATES OF AMERICA SUBORDINATE
LODGE OF OKE**



Principal Place of Business

**HIGHWAY 70 EAST
P.O. BOX 1341
OKEECHOBEE, FL 34972**

Mailing Address

**HIGHWAY 70 EAST
P.O. BOX 1341
OKEECHOBEE, FL 34972**



01132004 No Chg-NP

CR2E037 (10/03)

4. FEI Number
51-0227932

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**YOUNG, ANTHONY T.
975 SW 136TH AVE
OKEECHOBEE, FL 34974**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	ER
NAME	CASPERSON, GARY
STREET ADDRESS	8740 NE 12 LANE
CITY-ST-ZIP	OKEECHOBEE, FL 34974
TITLE	S
NAME	BRINSON, LORI
STREET ADDRESS	2402 SE 33 ST.
CITY-ST-ZIP	OKEECHOBEE, FL 34974
TITLE	T
NAME	DELOHIS LASHLEY
STREET ADDRESS	1307 SW 19TH TERR
CITY-ST-ZIP	OKEECHOBEE, FL 34974
TITLE	T
NAME	ELMORE, TOM
STREET ADDRESS	1125 SE 21 ST.
CITY-ST-ZIP	OKEECHOBEE, FL 34974
TITLE	T
NAME	MCMASTER, MEL
STREET ADDRESS	980 SE 23 ST.
CITY-ST-ZIP	OKEECHOBEE, FL 34974
TITLE	T
NAME	BASIL, ERNIE
STREET ADDRESS	2631 SE 33 ST.
CITY-ST-ZIP	OKEECHOBEE, FL 34974

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 of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; an changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-04
Date

863 634 0990
Daytime Phone #