

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739962

FILED  
Apr 08, 2009  
Secretary of State

**Entity Name:** BENEVOLENT AND PROTECTIVE ORDER OF ELKS OF THE UNITED STATES OF AMERICA  
SUBORDINATE LODGE OF OKEECHOBEE #2558, INC.

**Current Principal Place of Business:**

1855 NW FRONTIER DR  
LAKE CITY, FL 32055

**New Principal Place of Business:**

**Current Mailing Address:**

1855 NW FRONTIER DR  
P.O. BOX 1341  
LAKE CITY, FL 32055

**New Mailing Address:**

**FEI Number:** 51-0227932      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ELMORE, THOMAS E  
1855 NW FRONTIER DRIVE  
LAKE CITY, FL 32055 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: T ( ) Delete  
Name: BASIL, ERNEST L  
Address: 2631 SE 33RD ST.  
City-St-Zip: OKEECHOBEE, FL 34974

Title: T ( ) Delete  
Name: ELMORE, THOMAS  
Address: 1855 NW FRONTIER DR  
City-St-Zip: LAKE CITY, FL 32055

Title: T ( ) Delete  
Name: CASPERSON, GARY  
Address: 8740 NE 12TH LANE  
City-St-Zip: OKEECHOBEE, FL 34974

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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: THOMAS E. ELMORE

T

04/08/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date