

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 749510

1. Entity Name

DAYTONA BEACH LODGE, NO. 1141, BENEVOLENT AND
PROTECTIVE ORDER OF ELKS OF THE UNITED STATES



Principal Place of Business

700 S. RIDGEWOOD AVENUE
DAYTONA BEACH FL 32114-5332
US

Mailing Address

700 S. RIDGEWOOD AVENUE
DAYTONA BEACH FL 32114-5332
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

BECTION, EMMA C
1199 BRENTWOOD CT
DAYTONA BEACH FL 32119-2495

7. Name and Address of New Registered Agent

Name
RONALD R KUNZ
Street Address (P.O. Box Number is Not Acceptable)
700 S RIDGEWOOD AVE
DAYTONA BCH
City
FL Zip Code
32114

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 acc 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

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS BECTION, EMMA C 1199 BRENTWOOD CT. DAYTONA BEACH FL 32119-2495	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KUHEL, EDWARD R 230 WALL AVE ORMOND BEACH FL 32174-3352	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KUNZ, RONALD R. BOX 9792 N/A DAYTONA BEACH FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	YTR DITTMAN, ROBERT 840 S PALMETTO AVE DAYTONA BEACH FL 32114-5322	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GERRY MADDEN 153 SEMINOLE DR ORMOND BCH FL 32174	☐ Change ☒ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Add

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 informati 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 direc 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 1 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

REVISED

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

04 JUL 19 AM 9:05

3/25/04 90047 023 #61.25



MOORE CR2E037 (11/03)

4. FEI Number 59-0161115 Applied Fo Not Applic

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7-15-04

7-15-04 386) 255-0084