2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 05, 2005 8:00 am Secretary of State **DOCUMENT # 749510** 1. Entity Name 04-05-2005 90042 044 ****70.00 DAYTONA BEACH LODGE, NO. 1141, BENEVOLENT AND PROTECTIVE ORDER OF ELKS OF THE UNITED STATES Principal Place of Business Mailing Address 700 S. RIDGEWOOD AVENUE DAYTONA BEACH FL 32114-5332 700 S. RIDGEWOOD AVENUE DAYTONA BEACH FL 32114-5332 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) City & State City & State 4. FEI Number Applied For 59-0161115 Not Applicable Zip Country Country \$8:75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ROGER L. JOHNSON Street Address (P.O. Box Number is Not Acceptable) EXALTED RULER KUNZ, RONALD R 700 S. RIDGEWOOD AVE. DAYTONA BEACH FL 32114 700 S. RIDGEWOOD AVENUE Zip Code DAYTONA BEACH, 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 accept the obligations of registered agent. FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be П Trust Fund Contribution. Due By May 1, 2005 Added to Fees Florida Department of State OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE Delete TITLE MADDEN, GERRY 153 SEMINOLE DR. STREET ADDRESS STREET ADDRESS ORMOND BEACH FL 32174 CITY-ST-7IP CITY-ST-ZIP TITLE TITLE Addition KUHEL, EDWARD R NAME NAME 230 WALL AVE STREET ADDRESS STREET ADDRESS ORMOND BEACH FL 32174-3352 CITY-ST-ZIP CITY-ST-ZIP TITLE Addition KUNZ, RONALD R. NAME NAME BOX 9792 N/A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH FL CITY-ST-ZIP TITLE ☐ Change ☐ Addition DITTMAN, ROBERT NAME NAME 840 S PALMETTO AVE STREET ADDRESS STREET ADDRESS DAYTONA BEACH FL 32114-5322 CITY-ST-7IP CITY-ST-ZIP THLE ☐ Defete Addition NAME NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section †19.07(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 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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Defete

Change

☐ Addition

FILED