2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 13, 2006 8:00 am Secretary of State **DOCUMENT # 749510** 1. Entity Name 04-13-2006 90302 042 ****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 700 S. RIDGEWOOD AVENUE DAYTONA BEACH FL 32114-5332 DAYTONA BEACH FL 32114-5332 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For 59-0161115 Not Applicable Z_{ip} Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JOHNSON, ROGER Street Address (P.O. Box Number is Not Acceptable) 700 S. RIDGEWOOD AVE. DAYTONA BEACH FL 32114 City Zip Code 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 DATE (NOTE: Reastered Agent signature required when renstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. D Delete TITLE TITLE ☐ Change Addition Addition BECTON, LELAND NAME NAME ROBERT M DITTMAN 1199 BRENTWOOD CT STREET ADDRESS STREET ADDRESS 840 S PALMETTO AVE PORT ORANGE FL 32129 CITY-ST-ZIP CITY-ST-ZIP DAYTONA BCH FL 32114 ☐ Delete X Addition ÉMMA C. BECTON JOHNSON, ROGER NAME NAME 164 MALLARD LN 1199 BRENTWOOD CT. STREET ADDRESS STREET ADDRESS DAYTONA BEACH FL 32119 CITY-ST-ZIP CITY-ST-ZIP PORT ORANGE, FL. 32129 Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, 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 onth; 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.

CITY-ST-ZIP

SIGNATURE: Aogo

CITY-ST-ZIP

ROGER 4. JOHNSON

FILED