


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

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90139 003 ****61.25

DOCUMENT # 753760 1. Entity Name LEHIGH ACRES ELKS #2602 INC.					
Principal Place of Business 1050 JOEL BLVD LEHIGH ACRES FL 33972 US			Mailing Address 1050 JOEL BLVD LEHIGH ACRES FL 33972 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				7. Name and Address of New Registered Agent	
FREATHY, RALPH 361 WESTPARK ROAD LEHIGH ACRES FL 33972				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ADRAGNA, FRANK A <input checked="" type="checkbox"/> Delete 10578 QUINCY CT LEHIGH ACRES FL 33936		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BUTLER, ALVIE P. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 811 SENTINELA LEHIGH ACRES FL 33972	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input checked="" type="checkbox"/> Delete BORAGINE, MARY 141 WEST LAKE DRIVE LEHIGH ACRES FL 33936		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition RALPH FREATHY 361 WESTPARK RD. LEHIGH ACRES FL 33972	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Delete STEELE, HENRY D 710 WILLOW DR LEHIGH AC		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR <input checked="" type="checkbox"/> Delete FREATHY, RALPH 361 WESTPARK ROAD LEHIGH ACRES FL 33972		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition BEVERLY TALBOT 608 L'HOMMEDIEU LEHIGH ACRES FL 33936	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR <input type="checkbox"/> Delete TREMBLAY, RAYMOND 1621 COUNTRY CLUB PKWY LEHIGH ACRES FL 33972		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRD <input checked="" type="checkbox"/> Delete BABCOCK, CHARLES 116 TEXAS ROAD LEHIGH ACRES FL 33936		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition HOSLER, ROBERT 803 E. THIRD ST LEHIGH ACRES FL 33972	
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 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.					
SIGNATURE: RALPH FREATHY, SECRETARY <i>Ralph Freathy</i> 4-20-2005 239-369-2602 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					