


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 04, 2008 8:00 am
Secretary of State

08-04-2008 90033 010 ****61.25

DOCUMENT # 753760 1. Entity Name LEHIGH ACRES ELKS #2602 INC.			
Principal Place of Business 1050 JOEL BLVD LEHIGH ACRES, FL 33072 US		Mailing Address 1050 JOEL BLVD LEHIGH ACRES, FL 33072 US	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State Zip <u>33936</u> Country		City & State Zip <u>33936</u> Country	
4. FEI Number 59-2306476		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CAMPBELL, LYNNE M 566 CHAMONIX AVE S LEHIGH ACRES, FL 33036 <u>33974</u>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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.			
SIGNATURE <u>Lynne M. Campbell</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<u>Lynne m. Campbell</u> <u>7/24/08</u> <small>(NOTE: Registered Agent signature required when reappointing) DATE</small>	
Filing Fee is \$61.25 Due by September 12, 2008		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 P <input checked="" type="checkbox"/> Delete NAME BOLLA, JAMES STREET ADDRESS 1680 COUNTRY CLUB PKY CITY-ST-ZIP LEHIGH ACRES, FL 33972	TITLE P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME CAMPBELL ROBERT STREET ADDRESS 566 CHAMONIX AVE S CITY-ST-ZIP LEHIGH ACRES, FL 33974		
TITLE S <input type="checkbox"/> Delete NAME CAMPBELL, LYNNE M STREET ADDRESS 566 CHAMONIX AVE S CITY-ST-ZIP LEHIGH ACRES, FL 33936	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE T <input type="checkbox"/> Delete NAME BUSCH, WILLIAM F STREET ADDRESS 800 E. 10TH STREET CITY-ST-ZIP LEHIGH ACRES, FL 33972	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE TR <input checked="" type="checkbox"/> Delete NAME TALBOT, BEVERLY STREET ADDRESS 608 L'HOMMEDIEU CITY-ST-ZIP LEHIGH ACRES, FL 33936	TITLE TR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME JERRY, LAURIE STREET ADDRESS PO BOX 1267 CITY-ST-ZIP LEHIGH ACRES, FL 33970		
TITLE TR <input checked="" type="checkbox"/> Delete NAME SULLIVAN, CALVIN STREET ADDRESS 343 BEACHWOOD AVE CITY-ST-ZIP LEHIGH ACRES, FL 33936	TITLE TR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME MARINO, ROBERT STREET ADDRESS 1421 ARCHER ST CITY-ST-ZIP LEHIGH ACRES, FL 33936		
TITLE TR <input checked="" type="checkbox"/> Delete NAME ADRAGNA, FRANK STREET ADDRESS 10578 QUINCY CRT. CITY-ST-ZIP LEHIGH ACRES, FL 33936	TITLE TR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME ALTSTADT, ROBERT STREET ADDRESS PO BOX 1403 CITY-ST-ZIP LEHIGH ACRES, FL 33970		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 <u>Lynne M. Campbell</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>Lynne m. Campbell</u> <u>7/24/08</u> <u>339</u> <small>SECRETARY Date Daytime Phone #</small>	