## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED May 22, 2006 8:00 am Secretary of State

05-22-2006 90040 044 \*\*\*\*61.25

## **DOCUMENT #759383**

1. Entity Name

BROOKSVILLE BENEVOLENT PROTECTIVE ORDER OF ELKS, LODGE NO. 2582, INC.



Principal Place of Business 14494 CORTEZ BLVD. - BROOKSVILLE, FL P.O. BOX 5236

Mailing Address 14494 CORTEZ BLVD. - BROOKSVILLE, FL P.O. BOX 5236

P.O. BOX 5236 P.O. BOX 5236 SPRING HILL, FL 34606-2236 SPRING HILL, FL 34606-2236									1111 <b>0   11110  </b> 111 <b>7</b> 1   <b>1110  </b> 1111	  }		310£ 61 1001
2. Principal Place of Business 3.			3. Mai	. Mailing Address								
Suite, Apt. #, etc. Si				Suite, Apt. #, etc.			05172006	Chg-NP	CR2E	37 (4/06)		
City & State Ci				ity & State			4. FEI Number 59-1890			<del> </del>	plied For t Applicable	
Zip Country Zip				Country				5. Certificate of Status Desired  \$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent							7. Name and Address of New Registered Agent					
SMITH, HARRY L 9135 GENESEE DR BROOKSVILLE, FL 34613						Name Street Address (P.O. Box Number is Not Acceptable)						
						City				FL	Zip Cod	
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  Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)  DATE												
Filing Fee is \$61.25 Due by September 6, 2006				9. Election Campaign Financing Trust Fund Contribution.				\$5.00 May Be Added to Fees	I		payable to	
10.		OFFICERS AND DI	RECTORS		11.		A	ADDITIONS/CHA	NGES TO OFFICER	S AND DIF	RECTORS IN	10
TITLE	Т			☐ Delete	TITLE			**			Change	☐ Addition
NAME	I	, VICTOR			NAM							
STREET ADDRESS CITY-ST-ZIP	13454 KA SPRING I	HILL, FL 34609				ET ADDRESS -ST-ZIP						!
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STREET ADDRESS	I	14209 DEL SILVER DRIVE				ET ADDRESS	4608 Dawngate Lane					
CITY-ST-ZIP	<del></del>	VILLE, FL 34613			CITY	-ST-ZIP	Вл	na <b>b</b> Au <i>ille</i>	. FL 34601			
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NAME	S   SMITH, H	ARRY I		☐ Delete	TITLE						Change	☐ Addition
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CITY-ST-ZIP		VILLE, FL				-ST-ZIP						

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:	Harry L. Smith	Harry L. Smith	05-18-2006	252-596-2582	
	SIGNATURE AND TYPED OR PRINTE	D NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #	