

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90031 004 ****61.25

DOCUMENT # 759383

1. Entity Name

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



Principal Place of Business

Mailing Address

**14494 CORTEZ BLVD. - BROOKSVILLE, FL
P.O. BOX 5236
SPRING HILL FL 34606-2236**

**14494 CORTEZ BLVD. - BROOKSVILLE, FL
P.O. BOX 5236
SPRING HILL FL 34606-2236**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1890420

Applied For

Not Applicable

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 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> Delete
NAME	LUDNICK, VICTOR	
STREET ADDRESS	13454 KANE RD.	
CITY-STATE-ZIP	SPRING HILL FL 34609	
TITLE	T	<input type="checkbox"/> Delete
NAME	MISESKA, WILLIAM	
STREET ADDRESS	4608 DAWNGATE LN	
CITY-STATE-ZIP	BROOKSVILLE FL 34601	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	BOWMAN, TERRANCE	
STREET ADDRESS	2001 WHITEWOOD DR.	
CITY-STATE-ZIP	SPRING HILL FL 34609	
TITLE	T	<input type="checkbox"/> Delete
NAME	MORROW, JOSEPH	
STREET ADDRESS	1133 OVERLAND DR	
CITY-STATE-ZIP	SPRING HILL FL 34608	
TITLE	T	<input type="checkbox"/> Delete
NAME	LIDLOW, WILLIAM	
STREET ADDRESS	6581 FREEPORT DR.	
CITY-STATE-ZIP	SPRING HILL FL 34608	
TITLE	S	<input type="checkbox"/> Delete
NAME	SMITH, HARRY L	
STREET ADDRESS	9135 GENESEE DR	
CITY-STATE-ZIP	BROOKSVILLE FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lyle Short
STREET ADDRESS	15877 Brookridge Blvd
CITY-STATE-ZIP	Brooksville, FL. 34613
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

12. I hereby certify that the information supplied with this filing 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 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 Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 18 2007

Date

352-596-2582

Daytime Phone #