


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

**FILED**  
**Feb 26, 2007 8:00 am**  
**Secretary of State**

02-26-2007 90085 013 \*\*\*\*\*70.00

<b>DOCUMENT # 760516</b>		
1. Entity Name <b>ORANGE PARK LODGE NO. 2605, INC., BENEVOLENT AND PROTECTIVE ORDER OF ELKS OF THE UNITED</b>		

Principal Place of Business <b>5920 COLLINS RD JACKSONVILLE FL 32244</b>	Mailing Address <b>BOX 757 ORANGE PARK FL 32067</b>
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2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/06)

4. FEI Number <b>59-1954768</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent  <b>MARTIN, RICHARD D 33 COCONUT COURT PALM COAST FL 32137</b>	
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7. Name and Address of New Registered Agent  Name <b>PATRICIA HELMS</b> Street Address (P.O. Box Number is Not Acceptable) <b>5340 ORTEGA OAKS LN.</b> City <b>JACKSONVILLE</b> FL Zip Code <b>32210-7465</b>	
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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 Patricia Helms DATE 2-14-07  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete <b>MARTIN, RICHARD D 33 COCONUT COURT PALM COAST FL 32137</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>MURPHREE, RAYMOND 2666 MYRA ST JACKSONVILLE FL 32204-3518</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete <b>BROADOUS, GARY 2061 RICHARD ROAD MIDDLEBURG FL 32068</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>HEINTZINGER, ART 1972 GREEN APPLE COURT ORANGE PARK FL 32073</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>BIRD, DAN P.O. BOX 57264 JACKSONVILLE FL 32241-7264</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>FINDEY, ALVIN 2837 CIRCLE RIDGE DR ORANGE PARK FL 32065</b>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>PATRICIA HELMS 5340 ORTEGA OAKS LN. JACKSONVILLE, FL. 32210-7465</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>PAUL MAHLA 5055 SANIBEL DR. JACKSONVILLE, FL. 32210</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Patricia Helms DATE 2-14-07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR