

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760516

FILED
Apr 28, 2009
Secretary of State

Entity Name: ORANGE PARK LODGE NO. 2605, INC., BENEVOLENT AND PROTECTIVE ORDER OF ELKS OF THE UNITED STATES OF AMERICA

Current Principal Place of Business:

5920 COLLINS RD
JACKSONVILLE, FL 32244

New Principal Place of Business:

Current Mailing Address:

BOX 757
ORANGE PARK, FL 32067

New Mailing Address:

FEI Number: 59-1954768 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HELMS, PATRICIA
5340 ORTEGA OAKS LN.
JACKSONVILLE, FL 32210 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: HELMS, PATRICIA
Address: 5340 ORTEGA OAKS LN.
City-St-Zip: JACKSONVILLE, FL 32210

Title: D () Delete
Name: MURPHREE, RAYMOND
Address: 2666 MYRA ST
City-St-Zip: JACKSONVILLE, FL 322043518

Title: D () Delete
Name: MAHLA, PAUL
Address: 5055 SANIBEL DR.
City-St-Zip: JACKSONVILLE, FL 32210

Title: S () Delete
Name: HEINTZINGER, ART
Address: 1972 GREEN APPLE COURT
City-St-Zip: ORANGE PARK, FL 32073

Title: P () Delete
Name: FISETTE, RUSSELL
Address: 10116 ARROWHEAD DR #5
City-St-Zip: JACKSONVILLE, FL 32257

Title: D () Delete
Name: FINDEY, ALVIN
Address: 2837 CIRCLE RIDGE DR
City-St-Zip: ORANGE PARK, FL 32065

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: FISETTE, DIANE
Address: 10116 ARROWHEAD DR #5
City-St-Zip: JACKSONVILLE, FL 32257

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA HELMS

T

04/28/2009

Electronic Signature of Signing Officer or Director

Date