2002 UNIFORM BUSINESS REPORT (UBR)

Feb 06, 2002 8:00 am Secretary of State **DOCUMENT # 763306** 1. Entity Name CRESTVIEW, FLORIDA LODGE #2624, BENEVOLENT AND P 02-06-2002 90024 003 ****61.25 ROTECTIVE ORDER OF ELKS OF THE UNITED STATES OF Principal Place of Business Mailing Address 127 PINE AVE W 127 PINE AVE W 401948 PO BOX 153 PO BOX 153 CRESTVIEW FL 32536 CRESTVIEW FL 32536 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number City & State Applied For 59-2070926 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee:Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) THOMAS, CHARLES G 105 THURSTON PLACE **CRESTVIEW FL 32536** City 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 SIGNATŪRE 9 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 **ERT** (9/01 TITLE Delete TITLE Change ☐ Addition JOHNSON, GARY NAME NAME STREET ADDRESS 3180 PALMETTA AVE STREET ADDRESS CITY-ST-ZIP CRESTVIEW FL 32539 CITY-ST-ZIP TR TITLE ☐ Delete TITLE ☐ Change ☐ Addition JENKINS, JERRY NAME NAME STREET ADDRESS 6169 GARDEN CITY RD. STREET ADDRESS CITY-ST-ZIP CRESTVIEW FL CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition THAMES, RANDY NAME STREET ADDRESS 3153 AIRPORT ROAD STREET ADDRESS CITY-ST-ZIP **CRESTVIEW FL** CITY-ST-ZIP TITLE ☐ Delete TITI F Change ☐ Addition NAME CLARK, WILBURN N NAME STREET ADDRESS **5984 CLARK MOORE LN** STREET ADDRESS CITY-ST-7IP CRESTVIEW FL 32531 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition TYNER. PAUL NAME NAME STREET ADDRESS P.O. BOX 1982 N/A STREET ADDRESS CITY-ST-ZIP CRESTVIEW FL 32536 CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-02

FILED