

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2002 8:00 am
Secretary of State

02-06-2002 90024 003 ****61.25

401948



DO NOT WRITE IN THIS SPACE

DOCUMENT # 763306

1. Entity Name

**CRESTVIEW, FLORIDA LODGE #2624, BENEVOLENT AND P
 ROTECTIVE ORDER OF ELKS OF THE UNITED STATES OF**

Principal Place of Business

Mailing Address

**127 PINE AVE W
 PO BOX 153
 CRESTVIEW FL 32536**

**127 PINE AVE W
 PO BOX 153
 CRESTVIEW FL 32536**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2070926

Applied For

Not 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

**THOMAS, CHARLES G
 105 THURSTON PLACE
 CRESTVIEW FL 32536**

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.

SIGNATURE

CHARLES G THOMAS

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-13-02

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

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

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ERT JOHNSON, GARY 3180 PALMETTA AVE CRESTVIEW FL 32539	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR JENKINS, JERRY 6169 GARDEN CITY RD. CRESTVIEW FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR THAMES, RANDY 3153 AIRPORT ROAD CRESTVIEW FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CLARK, WILBURN N 5984 CLARK MOORE LN CRESTVIEW FL 32531	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR TYNER, PAUL P.O. BOX 1982 N/A CRESTVIEW FL 32536	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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:

WILBURN N CLARK

1-13-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)