2004 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT #763306

CRESTVIEW, FLORIDA LODGE #2624, BENEVOLENT



04-12-2004 90248 019 ****61.25

FILED

Apr 12, 2004 8:00 am Secretary of State

AND PROTECTIVE ORDER OF ELKS OF THE UNITED Principal Place of Business Mailing Address 127 PINE AVE W 127 PINE AVE W 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. 01152004 Chg-NP CR2E037 (10/03) 4. FEI Number 59-2070926 City & State City & State Applied For 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 THOMAS, CHARLES G 105 THURSTON PLACE Street Address (P.O. Box Number is Not Acceptable) CRESTVIEW, FL 32536 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 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2004 Added to Fee 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ERT TITLE ☐ Delete TITLE ■ Addition BEAUSOLEIL, ROGER MALIF NAME PO BOX 972 STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CRESTVIEW, FL 32536 CITY-ST-ZIF TITLE ☐ Delete ☐ Change ☐ Addition THAMES, RANDY NAME NAME 3153 AIRPORT ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CRESTVIEW, FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME CLARK, WILBURN N NAME STREET ADDRESS 5984 CLARK MOORE LN STREET ADDRESS CITY-ST-ZIP CRESTVIEW, FL 32531 CITY-ST-7IF TITLE TR **Delete** Change TITLE Addition TYNER, PAUL NAME NAME STREET ADDRESS P.O. BOX 1982 N/A STREET ADDRESS CRESTVIEW, FL 32536 CITY-ST-ZIP CITY-ST-ZIP TRUSTEE 🗽 Addition TITLE ☐ Delete TITLE 00510 Change Jimmy R. CAULEY 4840 CHAPPERAL ST NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP CRESTVIEW

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 grecute 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 others.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

ITED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Change

Addition