2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # 763306

1. Entity Name
CRESTVIEW, FLORIDA LODGE #2624, BENEVOLENT AND PROTECTIVE 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

01102005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2070926
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

THOMAS, CHARLES G
105 THURSTON PLACE
CRESTVIEW, FL 32536

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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 W. N. Clark 1-14-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000181991
01/19/05-80009-020 61.25

10. OFFICERS AND DIRECTORS

TITLE	ERT
NAME	BEAUSOLEIL, ROGER
STREET ADDRESS	PO BOX 972
CITY-ST-ZIP	CRESTVIEW, FL 32536
TITLE	TR
NAME	THAMES, RANDY
STREET ADDRESS	3153 AIRPORT ROAD
CITY-ST-ZIP	CRESTVIEW, FL
TITLE	S
NAME	CLARK, WILBURN N
STREET ADDRESS	5984 CLARK MOORE LN
CITY-ST-ZIP	CRESTVIEW, FL 32531
TITLE	T
NAME	CAULEY, JIMMY R
STREET ADDRESS	4840 CHAPPERAL ST
CITY-ST-ZIP	CRESTVIEW, FL 32539
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: W. N. Clark W. N. CLARK 1-14-05 850 682-2110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #