2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 763306

1. Entity Name

CRESTVIEW, FLORIDA LODGE #2624, BENEVOLENT AND PROTECTIVE ORDER OF ELKS OF THE UNITED STATES OF



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

Principal Place of Business

127 PINE AVE W PO BOX 153

PO BOX 153 CRESTVIEW, FL 32536 Mailing Address

127 PINE AVE W PO BOX 153 CRESTVIEW, FL 32536



01102005 No Chg-NP

CR2E037 (10/03)

***	With the P. W. S. Blef. States Bert	INT THE SEAS OF A PARTY OF	NG 1		 (10110)
UU	MOI WHILE	IN THIS SPACE	KK KK produce	4. FEI Number	 Applied For
	eler og skirfar tilsk		drawe d	59-2070926	 Not Applicable
:				5. Certificate of Status Desired	 \$8.75 Additional

6. Name and Address of Current Registered Agent

THOMAS, CHARLES G 105 THURSTON PLACE CRESTVIEW, FL 32536

DO	NOT	WRIT	E
IN.	THIS	SPAC	E

1-14-05

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 Squarus, typed or printed name of registered agent and talls if applicable. (NOTE: Registered Agent agreeture required when resistating) DATE								
.<	Due by May 1, 2005 9. Election Campaign Trust Fund Contribut	1,00000181991						
10.	OFFICERS AND DIRECTORS	aa.amaja, Wajiyiya bir ili bakar r	01/19/05-80009-020 61.25					
TITLE NAME STREET ADDRESS CITY-ST-ZP	ERT BEAUSOLEIL, ROGER PO BOX 972 CRESTVIEW, FL 32536		i de la companya de La companya de la companya del companya de la companya del companya de la co					
TITLE NAME STREET ADDRESS CITY-ST-ZP	TR THAMES, RANDY 3153 AIRPORT ROAD CRESTVIEW, FL		en e					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CLARK, WILBURN N 5984 CLARK MOORE LN CRESTVIEW, FL 32531	DO	NOT WRITE					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CAULEY, JIMMY R 4840 CHAPPERAL ST CRESTVIEW, FL 32539	IN T	THIS SPACE					
TITLE NAME STREET AUDRESS CITY-SI-ZIP								
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
12. I hereby certify that the information supplied with this filling 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.								