2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2007 8:00 am
Secretary of State
02-28-2007 90008 029 ****61.25

DOCUMENT # 763306

1. Entity Name

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

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

1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
127 W. PINE AVE	PO BOX 153
Suite, Apt. #, etc. —	Suite, Apt. #, etc. —
City & State: CRESTVIEW, FL	City & State: CRESTVIEW, FL
Zip: 32536 Country: OKALOOSA	Zip: 32536 Country: OKALOOSA

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	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Wilburn N. Clark WILBURN N CLARK 2-17-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2007

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	ERT BEAUSOLEIL, ROGER PO BOX 972 CRESTVIEW FL 32536	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	ER BETTY M. CLARK PO Box 153 CRESTVIEW, FL 32536	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	TR THAMES, RANDY 3153 AIRPORT ROAD CRESTVIEW FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	T GARY JOHNSON PO Box 153 CRESTVIEW, FL 32536	☐ Change ☑ Addition
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		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	T CAULEY, JIMMY R 4840 CHAPPERAL ST CRESTVIEW FL 32539	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	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 exemptions contained in Section 119, 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 WILBURN N CLARK 850-682-2110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #