

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90087 035 *****61.25

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

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

Mailing Address

**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. 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

FILE NOW: FEE IS \$61.25

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.

TITLE **ERT** ☒ Delete
NAME **JOHNSON, GARY**
STREET ADDRESS **3180 PALMETTA AVE**
CITY-ST-ZIP **CRESTVIEW FL 32539**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

00085 CAR-RT-SORT**B009
ROGER BEAUSOLEIL, PDDGER
PO BOX 972
CRESTVIEW FL 32536-0972

ORS IN 10

☒ Change ☐ Addition

TITLE **TR** ☒ Delete
NAME **JENKINS, JERRY**
STREET ADDRESS **6169 GARDEN CITY RD.**
CITY-ST-ZIP **CRESTVIEW FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **TR** ☐ Delete
NAME **THAMES, RANDY**
STREET ADDRESS **3153 AIRPORT ROAD**
CITY-ST-ZIP **CRESTVIEW FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **S** ☐ Delete
NAME **CLARK, WILBURN N**
STREET ADDRESS **5984 CLARK MOORE LN**
CITY-ST-ZIP **CRESTVIEW FL 32531**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **00510** **TRUSTEE**
NAME **JIMMY R CAULEY**
STREET ADDRESS **4840 CHAPPERAL ST**
CITY-ST-ZIP **CRESTVIEW FL 32539**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
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TITLE
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☐ 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:

SIGNATURE REQUIRED

4-14-03

550 682-2110

CR2E037 (10/02)