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

DOCUMENT # **763306**

Entity Name

CRESTVIEW, FLORIDA LODGE #2624, BENEVOLENT AND P



Apr 14, 2003 8:00 am Secretary of State 04-14-2003 90087 035 ****61.25

FILED

ROTECTIVE ORDER OF ELKS OF THE UNITED STATES OF

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. ☐ CHECK HERE IF MAKING CHANGES 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 Street Address (P.O. Box Number is Not Acceptable) 105 THURSTON PLACE CRESTVIEW FL 32536 City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. at of State CAR-RT-SORT**B009 00085 OFFICERS AND DIRECTORS 10. 11. ORS IN 10 ROGER BEAUSOLEIL, PDDGER **ERT** ☐ Addition TITLE TITLE Delete PO BOX 972 JOHNSON, GARY NAME NAME CRESTVIEW FL 32536-0972 STREET ADDRESS STREET ADDRESS 3180 PALMETTA AVE CITY-ST-ZIP CITY-ST-KIP CRESTVIEW FL 32539 ☐ Change ☐ Addition TITLE Delete TITLE JENKINS, JERRY NAME NAME STREET ADDRESS 6169 GARDEN CITY RD. STREET ADDRESS CITY-ST-ZIP CRESTVIEW FL CITY-ST-ZIP TR TITLE ☐ Delete TITLE ☐ Change Addition THAMES, RANDY NAME NAME STREET ADDRESS STREET ADDRESS 3153 AIRPORT ROAD CITY-ST-7IP CITY-ST-ZIP **CRESTVIEW FL** TITLE ☐ Delete TITLE ☐ Change Addition CLARK, WILBURN N NAME NAME STREET ADDRESS 5984 CLARK MOORE LN STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP CRESTVIEW FL 32531 **C**Change TITLE TITLE Addition 00510 TRUSTEE NAME NAME JIMMY R CAULEY STREET ADDRESS STREET ADDRESS 4840 CHAPPERAL ST CITY-ST-ZIF CITY-ST-ZIP CRESTVIEW FL 32539-TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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:

4-11-03