



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 767012 1. Entity Name WINTER PARK LODGE NO. 1830, BENEVOLENT AND PROTECTIVE ORDER OF ELKS OF THE UNITED STATES OF AMER						FILED 08 SEP 18 PM 1:04 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 4755 HOWELL BRANCH ROAD WINTER PARK, FL 32792-7315 US				Mailing Address 4755 HOWELL BRANCH ROAD WINTER PARK, FL 32792-7315 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
SNEDEKER, LORETTA 2601 ANTILLES DRIVE WINTER PARK, FL 32792				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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 _____				000136250410 09/23/08--01025--017 **70.00			
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 September 12, 2008				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	S SNEDEKER, A LORETTA 2601 ANTILLES DRIVE WINTER PARK, FL 32792	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY JOHN CAMPBELL 8447 KNOTTY PINE LANE ORLANDO, FL 32835		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROBBINS, DIANA 1685 SLASH PINE PL OVIDO, FL 32765	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER DAVID M. BRAY 3842 ROBBINS WAY OVIDO, FL 32765-9613		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FURMMER, PAT 287 FALLING LEAF LANE CASSELBERRY, FL 32707	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AL GALLANT 510 PLEASANT GROVE DR. WINTER SPRINGS, FL 32788		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GRANT, PATRICK 3630 JONQUIL LANE WINTER PARK, FL 32792	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FRASO KATHUM 965 EKADAGREEN CT. OVIDO, FL 32765-9349		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PRIGGE, PHIL 1013 SUGARBERRY TRAIL OVIDO, FL 32765	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WILLIAM T. WOOLGAR 110 PARK DRIVE CASSELBERRY, FL 32707		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HUSARDI, EDWARD 4634 CREEKVIEW LN. OVIDO, FL 32765	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LAZARO, EDWARD 4634 CREEKVIEW LN. OVIDO, FL 32765		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: _____				JOHN CAMPBELL Date: 9/8/08 Daytime Phone #: 407-678-3181			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							