

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767012

FILED
Feb 24, 2009
Secretary of State

Entity Name: WINTER PARK LODGE NO. 1830, BENEVOLENT AND PROTECTIVE ORDER OF ELKS OF THE UNITED STATES OF AMERICA, INC.

Current Principal Place of Business:

4755 HOWELL BRANCH ROAD
WINTER PARK, FL 327927315 US

New Principal Place of Business:

Current Mailing Address:

4755 HOWELL BRANCH ROAD
WINTER PARK, FL 327927315 US

New Mailing Address:

FEI Number: 59-0662312 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SNEDEKER, LORETTA
2601 ANTILLES DRIVE
WINTER PARK, FL 32792 US

Name and Address of New Registered Agent:

WOOLGAR, WILLIAM J
1260 PARK DRIVE
CASSELBERRY, FL 32707 US

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.

SIGNATURE: WILLIAM J. WOOLGAR

02/24/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: CAMPBELL, JOHN
Address: 8647 KNOTTY PINE LANE
City-St-Zip: ORLANDO, FL 32825

Title: T () Delete
Name: BRAY, DAVID M
Address: 3842 REGENTS WAY
City-St-Zip: OVIEDO, FL 327659613

Title: P () Delete
Name: GALLANT, AL
Address: 510 PLEASANT GROVE DR
City-St-Zip: WINTER SPRINGS, FL 32708

Title: T () Delete
Name: KORTUM, FRED
Address: 965 E KAPA GREEN CT
City-St-Zip: OVIEDO, FL 327659349

Title: T () Delete
Name: WOOLGAR, WILLIAM J
Address: 1260 PARK DRIVE
City-St-Zip: CASSELBERRY, FL 32707

Title: T () Delete
Name: LUSARDI, EDWARD
Address: 4634 CREEKVIEW LN.
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change () Addition
Name: HALSTROM, BEVERLY J
Address: 6200 RAINTREE DRIVE
City-St-Zip: ORLANDO, FL 32822

Title: T (X) Change () Addition
Name: AULET, JOSEPH JR. M
Address: 7588 GLENMOOR
City-St-Zip: WINTER PARK, FL 32792

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM J. WOOLGAR

MR

02/24/2009

Electronic Signature of Signing Officer or Director

Date