2004 NOT-FOR-PROFIT CORPORATION

Apr 26, 2004 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT #768501** 1. Entity Name LODGE 2524 CORP. 04-26-2004 90570 039 ****61.25 Principal Place of Business Mailing Address 3938 S. ATLANTIC AVE. 3938 S. ATLANTIC AVE. DAYTONA BEACH, FL 32127 DAYTONA BEACH, FL 32127 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04072004 Chg-NP CR2E037 (10/03) City & State City & State Applied For 4. FEI Number 05-9146696 Not Applicable Zip Country 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 ANCONA, LEONARD JR 3938 S. ATLANTIC AVE. Street Address (P.O. Box Number is Not Acceptable) DAYTONA BEACH, FL 32127 Zip Code FI 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 9. Election Campaign Financing Filing Fee is \$61.25 Make check payable to \$5.00 May Be . · Trust Fund Contribution. Due by May 1, 2004 Added to Fee Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE PN Delete TITLE Change ☐ Addition ANCONA, LEONARD Jr. ANDREANO, JOSEPH J NAME NAME 3968 S. A+190tic Ave. STREET AODRESS 724 GREEN ROAD STREET ADDRESS CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168 CITY-ST-ZIP Daytons Reach, FL 32127 Delete TITLE 414 Addition TITLE ☐ Change ANCONA, LEONARD NAME NAME RECINE, VITO 3938 S ATLANTIC AVENUE STREET ADDRESS STREET ADDRESS 6302 329 Wilder Blud CITY-ST-ZIP DAYTONA BEACH, FL 32127 CITY-ST-ZIP Davtona Beach TITLE ☐ Delete TITLE ☐ Change ■ Addition SIRACUSA, RAYMOND NAME NAME STREET ADDRESS 4779 S ATLANTIC AVENUE STREET ADDRESS PONCE INLET, FL 32127 CITY-ST-ZIF CITY-ST-ZIP TITLE Delete Addition TRD TRD TITLE ☐ Change NAME MICELI, ANN ARO, ALBERT, Tr. NAME 5486 ST REGIS WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PORT ORANGE, FL 32178 CITY-ST-ZIP Daytonas Beach TITLE Delete SD Addition TITLE ☐ Change ANDREANO, ANN NAME NAME LANNI, DEBRA 1685 TOWN PARK Drive STREET ADDRESS 724 GREEN ROAD STREET ADDRESS CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168 CITY-ST-ZIP PORT<u>orange</u> TITLE ☐ Delete TITLE ☐ Change ■ Addition PALMIERI, FRANK NAME NAME STREET ADDRESS 6467 RENAISSANCE DR. STREET ADDRESS PORT ORANGE, FL 32128 CITY-ST-7/P CITY-ST-ZIP

FILED

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: And	Leonard Anway In	4/14/04	386 767-1613
SIGNATURE AN	D TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #