

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768501

FILED  
Feb 12, 2009  
Secretary of State

Entity Name: LODGE 2524 CORP.

## Current Principal Place of Business:

6347 PALMES BAY CIRCLE  
PORT ORANGE, FL 32129

## New Principal Place of Business:

## Current Mailing Address:

6347 PALMES BAY CIRCLE  
PORT ORANGE, FL 32129

## New Mailing Address:

FEI Number: 05-9146696

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ALASTRA, ANTHONY  
6347 PALMES BAY CIRCLE  
PORT ORANGE, FL 32129 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ALASTRA, ANTHONY  
Address: 6347 LAS PALMAS BAY CIR.  
City-St-Zip: PORT ORANGE, FL 32129

Title: VP ( ) Delete  
Name: ROSA, LOUIS  
Address: 1615 TOWN PK DR  
City-St-Zip: PORT ORANGE, FL 32129

Title: FS ( ) Delete  
Name: IDA, ANCONA  
Address: 39385 ATLANTIC AVE  
City-St-Zip: DAYTONA BEACH, FL 32127

Title: T ( ) Delete  
Name: DONINI, ED  
Address: 6311 PALAMAS BAY CIRCLE  
City-St-Zip: PORT ORANGE, FL 32129

Title: SD (X) Delete  
Name: LANNI, DEBRA  
Address: 1685 TOWN PARK DR  
City-St-Zip: PORT ORANGE, FL 32127

Title: D ( ) Delete  
Name: PALMIERI, FRANK  
Address: 6467 RENAISSANCE DR.  
City-St-Zip: PORT ORANGE, FL 32128

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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: IDA ANCONA

FS

02/12/2009

Electronic Signature of Signing Officer or Director

Date