

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90287 037 ****61.25

DOCUMENT # N01000004884					
1. Entity Name VIERA ELKS LODGE, NO. 2817 BENEVOLENT AND PROTECTIVE ORDER OF ELKS OF THE UNITED STATES OF AMERI					
Principal Place of Business 2825 BUSINESS CENTER BLVD., UNIT B-9 MELBOURNE, FL 32940			Mailing Address 2825 BUSINESS CENTER BLVD., UNIT B-9 MELBOURNE, FL 32940		
2. Principal Place of Business		3. Mailing Address			
Suite. Apt. #, etc.		Suite. Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-3667349				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MACWILLIAM, KEVIN 2345 14TH AVE., STE. 3 VERO BEACH, FL 32960			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			State: FL 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 _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing <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	D <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ORBLYCH, WILLIAM		NAME	Paul Bonville	
STREET ADDRESS	605 DAWSON CT		STREET ADDRESS	5565 N. HARBOR CITY BLVD	
CITY ST ZIP	MELBOURNE, FL 32940		CITY ST ZIP	Melbourne, FL 32940	
TITLE	D <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DIPRATO, RICHARD		NAME	DIPRATO, RONALD	
STREET ADDRESS	3585 BIG PINE RD		STREET ADDRESS		
CITY ST ZIP	MELBOURNE, FL 32934		CITY ST ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MAILLOUX, MARK		NAME		
STREET ADDRESS	2320 ST DUNSTON LN		STREET ADDRESS		
CITY ST ZIP	MELBOURNE, FL 329352953		CITY ST ZIP		
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	DIPRATO, KAREN		NAME	Judy Oyer	
STREET ADDRESS	3585 BIG PINE RD		STREET ADDRESS	1383 Cypress Trace Dr	
CITY ST ZIP	MELBOURNE, FL 329348559		CITY ST ZIP	Melbourne, FL 32940	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY ST ZIP			CITY ST ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Ronald N. Diprato</u> <u>RONALD N. DIPRATO</u>					