


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 16, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000005249					
1. Entity Name PRIDE OF PALM BAY LODGE NO. 5, INC.					
Principal Place of Business 135 MEMORY LANE N.E. PALM BAY FL 32907			Mailing Address 135 MEMORY LANE N.E. PALM BAY FL 32907		
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 91-2187156	
				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 BRICE, LLOYD 135 MEMORY LANE N.E. PALM BAY FL 32907				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
FILE NOW: FEE IS \$81.25 Due By May 1, 2005		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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MORGAN, LEON	NAME			
STREET ADDRESS	700 PEPPER STREET NE	STREET ADDRESS	U000000265811		
CITY- ST- ZIP	PALM BAY FL 32907	CITY- ST- ZIP	03/16/05-80067-007 70.00		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ANDERSON, DUDLEY	NAME			
STREET ADDRESS	311 NOGALES AVE NE	STREET ADDRESS			
CITY- ST- ZIP	PALM BAY FL 32907	CITY- ST- ZIP			
TITLE	DS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BRICE, LLOYD	NAME			
STREET ADDRESS	135 MEMORY LANE N.E.	STREET ADDRESS			
CITY- ST- ZIP	PALM BAY FL 32907	CITY- ST- ZIP			
TITLE	DS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SHULAR, PERRY	NAME			
STREET ADDRESS	1748 COLVER CIR	STREET ADDRESS			
CITY- ST- ZIP	MELBOURNE FL 32935	CITY- ST- ZIP			
TITLE	DT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DINHAM, ROY	NAME			
STREET ADDRESS	1522 BREESE STREET NE	STREET ADDRESS			
CITY- ST- ZIP	PALM BAY FL 32907	CITY- ST- ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GIORDANI, GUY	NAME			
STREET ADDRESS	446 FERNANDINA ST N.W.	STREET ADDRESS			
CITY- ST- ZIP	PALM BAY FL 32907	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)(f), 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>Lloyd B. Brice</u> <u>3/16/05</u> <u>321-952-2070</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					