

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000785

**FILED**  
**Apr 27, 2012**  
**Secretary of State**

**Entity Name:** SOUTH BROWARD LODGE, NO.2830 BENEVOLENT AND PROTECTIVE ORDER OF ELKS OF THE UNITED STATES OF AMERICA, INC.

**Current Principal Place of Business:**

6691 PEMBROKE RD  
PEMBROKE PINES, FL 33023

**New Principal Place of Business:**

**Current Mailing Address:**

6282 WINFIELD BLVD.  
MARGATE, FL 33063

**New Mailing Address:**

**FEI Number:** 65-1170003

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BURRIE, CHARLOTTE J ESQ  
2125 E ATLANTIC BLVD  
POMPANO BEACH, FL 33062 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:** PD  
**Name:** COMO, VINCENT P  
**Address:** 2042 NW 104TH AVE.  
**City-St-Zip:** CORAL SPRINGS, FL 33071 US

**Title:** VD  
**Name:** MAY-CARTER, DENISE E  
**Address:** 5061 SW 11TH STREET  
**City-St-Zip:** PLANTATION, FL 33317 US

**Title:** STD  
**Name:** MANDEL, NORMAN  
**Address:** 6282 WINFIELD BLVD.  
**City-St-Zip:** MARGATE, FL 33063 US

I hereby 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 all other like empowered.

**SIGNATURE:** NORMAN MANDEL

STD

04/27/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date