


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90344 009 \*\*\*\*70.00

**DOCUMENT # N03000009609**

1. Entity Name  
**THE ELKS CLUB INC.**



Principal Place of Business      Mailing Address

**3201 FLAGLER AVE #513  
KEY WEST FL 33040**      **PO BOX 2187  
KEY WEST FL 33041**

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      Applied For

**59-0232984**       Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**



1st MOORE      CR2E037 (10/05)

**6. Name and Address of Current Registered Agent**

**MOORE, JOHN N III  
NEBLETT AND SAUER, P.A.  
1448 KENNEDY DR, LUANI PLAZA  
KEY-WEST FL 33040**

**7. Name and Address of New Registered Agent**

Name      **Jack R. Di Blasi**

Street Address (P.O. Box Number is Not Acceptable)      **3201 Flagler Ave. # 513**

City      **Key West**      FL      Zip Code      **33040**

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: *Jack R. Di Blasi*      **Jack R. Di Blasi, Treasurer**      **04-04=2006**

Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)      DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	P	<input type="checkbox"/> Delete
NAME	LEONARD, JOHN	
STREET ADDRESS	PO BOX 2187	
CITY-ST-ZIP	KEY WEST FL 33041	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	KNIGHT, HARRY F	
STREET ADDRESS	PO BOX 4102	
CITY-ST-ZIP	KEY WEST FL 33041	
TITLE	D	<input type="checkbox"/> Delete
NAME	HERNANDEZ, FRANKLIN	
STREET ADDRESS	PO BOX 2187	
CITY-ST-ZIP	KEY WEST FL 33041	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KNOWLES, LEONARD	
STREET ADDRESS	PO BOX 2187	
CITY-ST-ZIP	KEY WEST FL 33041	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOSLEY, FRED	
STREET ADDRESS	PO BOX 2187	
CITY-ST-ZIP	KEY WEST FL 33041	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Franklin D. Hernandez	
STREET ADDRESS	PO Box 2187	
CITY-ST-ZIP	Key West, FL 33045	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Donald B. Curry	
STREET ADDRESS	PO Box 2187	
CITY-ST-ZIP	Key West, FL 33045	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jack R. Di Blasi	
STREET ADDRESS	PO Box 2187	
CITY-ST-ZIP	Key West, FL 33045	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jayson Smith	
STREET ADDRESS	PO Box 2187	
CITY-ST-ZIP	Key West, FL 33045	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John Leonard	
STREET ADDRESS	PO Box 2187	
CITY-ST-ZIP	Key West, FL 33045	
TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Louis Pineda	
STREET ADDRESS	PO Box 2187	
CITY-ST-ZIP	Key West, FL 33045	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Jack R. Di Blasi*      **JACK R. Di BLASI TREAS. 04/04/06 294-7653**      (305)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone