


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90089 019 ****70.00

DOCUMENT # N03000009609	
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1. Entity Name
THE ELKS CLUB INC.

Principal Place of Business
**3201 FLAGLER AVE #513
KEY WEST, FL 33040**

Mailing Address
**PO BOX 2187
KEY WEST, FL 33041**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address
PO Box 2187

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Key West, FL

City & State
Key West, FL

Zip
33045

Country
USA

01052008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-0232984

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**DI BLASI, JACK R
3201 FLAGLER AVE #513
KEY WEST, FL 33040**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEONARD, JOHN PO BOX 2187 KEY WEST, FL 33045 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Jack R. Di Blasi 3201 Flagler Ave # 513 Key West, FL 33040 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CURRY, DONALD R P.O. BOX 2187 KEY WEST, FL 33045 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Fred Losley PO Box 2187 Key West, FL 33045 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HERNANDEZ, FRANKLIN PO BOX 2187 KEY WEST, FL 33041 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Franklin Hernandez PO Box 2187 Key West, FL 33045 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, JAYSON PO BOX 2187 KEY WEST, FL 33045 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Louis Pineda PO Box 2187 Key West, FL 33045 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEONARD, JOHN PO BOX 2187 KEY WEST, FL 33045 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Richard Curry PO Box 2187 Key West, FL 33045 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kevin Sherman PO Box 2187 Key West, FL 33045 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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**

01/03/2008 (305) 294-7653

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #