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2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
08 MAY 21 PM 12:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

01052008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	PO Box 2187 Suite, Apt. #, etc.
City & State	City & State: Key West, FL
Zip / Country	Zip: 33045 / Country: USA

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	7. Name and Address of New Registered Agent
DI BLASI, JACK R 3201 FLAGLER AVE #513 KEY WEST, FL 33040	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T JACK R. DI BLASI 3201 FLAGLER AVE. # 513 KEY WEST FL 33040	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CURRY, DONALD R P.O. BOX 2187 KEY WEST, FL 33045	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HERNANDEZ, FRANKLIN PO BOX 2187 KEY WEST, FL 33041	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SMITH, JAYSON PO BOX 2187 KEY WEST, FL 33045	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEONARD, JOHN PO BOX 2187 KEY WEST, FL 33045	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: [signature] JACK R. DI BLASI TREAS. 04/30/08 (305) 294-7653
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime phone #