

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000806

FILED
Mar 22, 2007
Secretary of State

Entity Name: SARASOTA SOUTH LODGE NO. 2495 BENEVOLENT AND PROTECTIVE ORDER OF ELKS OF THE UNITED STATES OF AMERICA, INC.

Current Principal Place of Business:

5680 ROSIN WAY
SARASOTA, FL 34233

New Principal Place of Business:

Current Mailing Address:

5680 ROSIN WAY
SARASOTA, FL 34233

New Mailing Address:

FEI Number: 20-0810910

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BESCHORNER, GARY
2477 STICKNEY POINT ROAD
SUITE 205B
SARASOTA, FL 34231 US

Name and Address of New Registered Agent:

BESCHORNER, GARY
2114 BISPHAM RD
SUITE 8
SARASOTA, FL 34231 US

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: GARY BESCHORNER

03/22/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LAMB, JAMES
Address: 4554 GALWAY DRIVE
City-St-Zip: SARASOTA, FL 34232

Title: D () Delete
Name: SHEEHY, JAMES P
Address: 3361 RAMBLEWOOD PL
City-St-Zip: SARASOTA, FL 34237

Title: D () Delete
Name: MOAK, THOMAS
Address: 4142 TNGA DRIVE
City-St-Zip: SARASOTA, FL 34241

Title: D () Delete
Name: ADAMS, GIL
Address: 3734 PRARIE DUNES DR
City-St-Zip: SARASOTA, FL 34238

Title: D () Delete
Name: MCDUGALL, FRED
Address: 1904 ROLLING GREEN CIR
City-St-Zip: SARASOTA, FL 34240

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MOAK, THOMAS
Address: 4142 TONGA DRIVE
City-St-Zip: SARASOTA, FL 34241

Title: D (X) Change () Addition
Name: RADCLIFFE, ROBERTA
Address: 4062 PALAU DR
City-St-Zip: SARASOTA, FL 34241

Title: D (X) Change () Addition
Name: MC KINNON, JAMES
Address: 4613 MEADOWVIEW CR
City-St-Zip: SARASOTA, FL 34233

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JIM LAMB

D

03/22/2007

Electronic Signature of Signing Officer or Director

Date