## 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N05000005847

**Current Principal Place of Business:** 

Entity Name: PALM CITY ELKS LODGE # 577 INC.

FILED Oct 06, 2006 Secretary of State

2084 FOUNTAIN ST FT MYERS, FL 33916

Current Mailing Address: New Mailing Address:

% 3066 APACHEE ST FT MYERS, FL 33916

FEI Number: 75-3192548 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

ROBINSON, EUGENE 3066 APACHEE ST FT MYERS, FL 33916

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: EUGENE ROBINSON

US

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

**New Principal Place of Business:** 

() Change () Addition () Delete ROBINSON, EUGENE Name: Name: 2084 FOUNTAIN ST Address: Address: City-St-Zip: FT MYERS, FL 33916 City-St-Zip: Title: SD () Delete Title: () Change () Addition Name: CARTER, EDWIN Name: Address: 2084 FOUNTAIN ST Address: City-St-Zip: FT MYERS, FL 33916 City-St-Zip: Title: () Delete Title: () Change () Addition

Title: D ( ) Delete Title: ( ) Change ( ) Addition Name: GRAY, EDDIE Name:

 Name:
 GRAT, EDDIE
 Name:

 Address:
 2084 FOUNTAIN ST
 Address:

 City-St-Zip:
 FT MYERS, FL 33916
 City-St-Zip:

Title: D ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 JOHNSON, ELMER
 Name:

 Address:
 2084 FOUNTAIN ST
 Address:

 City-St-Zip:
 FT MYERS, FL 33916
 City-St-Zip:

Title: D ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 JACKSON, FREDERICK
 Name:

 Address:
 2084 FOUNTAIN ST
 Address:

 City-St-Zip:
 FT MYERS, FL 33916
 City-St-Zip:

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: EUGENE ROBINSON D 10/06/2006