

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 08, 2008 8:00 am
Secretary of State

05-08-2008 90019 007 ****61.25

DOCUMENT # N09798

1. Entity Name

THE ELKS CLUB ASSOCIATION OF PALATKA



Principal Place of Business

114 S 3 ST
PALATKA FL 32177
US

Mailing Address

114 S 3 ST
PALATKA FL 32177
US

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0233023

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

SETTLE, JOHN R
24920 NE 188TH LN
FORT MCCOY FL 32134

Name *Ron Dennis*

Street Address (P.O. Box Number is Not Acceptable)

115 Leisure Drive

City *East Palatka*

FL

Zip Code *32131*

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

4-22-08

FILE NOW: 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

TITLE ☒ Delete
NAME SETTLE, JOHN R
STREET ADDRESS 24920 NE 188TH LN
CITY- ST- ZIP FORT MCCOY FL 32134

TITLE ☒ Delete
NAME CROSBY, FRANK
STREET ADDRESS P.O. BOX 84
CITY- ST- ZIP SAN MATEO FL 32187

TITLE ☒ Delete
NAME WOLFRED, BRUCE
STREET ADDRESS P.O. BOX 232
CITY- ST- ZIP SATSUMA FL 32189

TITLE ☒ Delete
NAME SMITH, JIM
STREET ADDRESS 13 OAKS DRIVE
CITY- ST- ZIP JACKSONVILLE BEACH FL 32250

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition
NAME *Ron Dennis*
STREET ADDRESS *115 Leisure Drive*
CITY- ST- ZIP *East Palatka, FL 32131*

TITLE ☐ Change ☒ Addition
NAME *Carlos Azula*
STREET ADDRESS *107 Roberts Ct*
CITY- ST- ZIP *Palatka FL 32177*

TITLE ☐ Change ☒ Addition
NAME *Jason Gross*
STREET ADDRESS *2413 Edgemoor St*
CITY- ST- ZIP *Palatka FL 32177*

TITLE ☐ Change ☒ Addition
NAME *Stanley Hodge*
STREET ADDRESS *1523 Carr St*
CITY- ST- ZIP *Palatka, FL 32177*

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

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:

Stanley Hodge
Officer

4-22-08

386-325-3413

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Phone: Fax: #