

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90079 016 ****70.00

DOCUMENT # N11474

1. Entity Name

**SOUTH HILLSBOROUGH LODGE NO. 2672 OF THE
BENEVOLENT AND PROTECTIVE ORDER OF ELKS OF**



Principal Place of Business

1630 US 41 SOUTH
RUSKIN FL 33570

Mailing Address

PO BOX 1209
RUSKIN FL 33575

3104J000



MOORE CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2374971

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

YOBLNSKI, WALTER
1503 BELL GLADE AVE
SUN CITY CENTER FL 33573

7. Name and Address of New Registered Agent

Name

NORA M. BAKER

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

1201 Desert Hills Drive

City Sun City Ctr.

FL

Zip Code 33573

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

Nora M. Baker *Nora M. Baker*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

April 3, 2004

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

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	VP	<input checked="" type="checkbox"/> Delete
NAME	YOBLONSKI, WALTER	
STREET ADDRESS	1503 BELLA GLADE AVE	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	BAKER, NORA	
STREET ADDRESS	1201 DESERT HILLS DR	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	
TITLE	TRU	<input type="checkbox"/> Delete
NAME	BOA, JOHN	
STREET ADDRESS	310 WENDY LANE	
CITY-ST-ZIP	RUSKIN FL 33570	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	COLVET, IRENE	
STREET ADDRESS	2035 DEL WEBB E	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	
TITLE		<input type="checkbox"/> Delete
NAME	BAKER, JUDITH	
STREET ADDRESS	2437 DEL WEBB E	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	
TITLE	TRU	<input type="checkbox"/> Delete
NAME	FIRTH, PATRICIA	
STREET ADDRESS	1615 1ST SE	
CITY-ST-ZIP	RUSKIN FL 33570	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Pre	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORA M. BAKER	
STREET ADDRESS	1201 Desert Hills Drive	
CITY-ST-ZIP	Sun City Ctr., FL 33573	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LUCRECIA SMITH	
STREET ADDRESS	4120 Cockroach Bay Rd. #33	
CITY-ST-ZIP	Ruskin, FL 33570	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BETH BERGSCHNEIDER	
STREET ADDRESS	P.O. Box 1172	
CITY-ST-ZIP	Ruskin, FL 33575	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHAROLETTE PARIS	
STREET ADDRESS	1702 Gulf City Rd. #263	
CITY-ST-ZIP	Ruskin, FL 33570	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANNE KAHN	
STREET ADDRESS	2226 North Creek Ct.	
CITY-ST-ZIP	Sun City Ctr., FL 33573	
TITLE	Tru	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Willard D. Baker	
STREET ADDRESS	1201 Desert Hills Drive	
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b) 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:

Nora M. Baker *Nora M. Baker*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 3, 2004

Date

Daytime Phone #

413-645-2089

Attachment

N 11474
44025635

Tru

ROBERT ADAMS

6530 Senegal Palm Way - Apollo Beach, Fl. 33572

Addition

Tru

Vera Sickels

534 Domino Drive South

Ruskin, Fl. 33570

Addition