


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 07, 2005 8:00 am
Secretary of State

06-07-2005 90001 034 ****61.25

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	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BAKER, NORA M 1201 DESERT HILL DRIVE SUN CITY CENTER FL 33573				Name <u>LUCRECIA SMITH</u> Street Address (P.O. Box Number is Not Acceptable) <u>4120 COCKROACH BAY RD #33</u> City <u>RUSKIN</u> FL <u>33570</u>	
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 <u>Lucrecia Smith</u> (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	VP SMITH, LUCRECIA 4120 COCKROACH BAY RD #33 RUSKIN FL 33570		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P [Change] [Addition]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BAKER, NORA 1201 DESERT HILLS DR SUN CITY CENTER FL 33573		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Change] [Addition]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRU BOA, JOHN 310 WENDY LANE RUSKIN FL 33570		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Change] [Addition]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BERGSCHNEIDER, BETH PO BOX 1172 RUSKIN FL 33575		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Change] [Addition]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	I BAKER, JUDITH 2437 DEL WEBB E SUN CITY CENTER FL 33573		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Change] [Addition]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRU FIRTH, PATRICIA 1615 1ST SE RUSKIN FL 33570		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 exemption stated in Section 119.07(3)(i), 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: <u>Lucrecia Smith</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



1st MOORE CR2E037 (10/04)

4. FEI Number **59-2374971** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**