


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2007 8:00 am**  
**Secretary of State**

04-13-2007 90172 036 \*\*\*\*61.25

|  |   |   |  |   |  |
|--|---|---|--|---|--|
| <b>DOCUMENT # N11474</b><br>1. Entity Name<br><b>SOUTH HILLSBOROUGH LODGE NO. 2672 OF THE BENEVOLENT AND PROTECTIVE ORDER OF ELKS OF THE UNITED S</b>  |   |   |  |  |  |
| Principal Place of Business<br><b>1630 US 41 SOUTH<br/>RUSKIN, FL 33570</b>  |   |   | Mailing Address<br><b>PO BOX 1209<br/>RUSKIN, FL 33575</b>   |   |  |
| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt. #, etc.  |   |   | 3. Mailing Address<br>Suite, Apt. #, etc.  |   |  |
| City & State<br>Zip  |   |   | City & State<br>Zip  |   |  |
| Country  |   |   | Country  |   |  |
| 4. FEI Number<br><b>59-2374971</b>   |   |   | Applied For<br><input type="checkbox"/> Not Applicable   |   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   |   | <b>\$8.75 Additional Fee Required</b>  |   |  |
| <b>6. Name and Address of Current Registered Agent</b><br><b>SMITH, LUCRECIA<br/>4120 COCKROACH BAY RD, #33<br/>RUSKIN, FL 33570</b>   |   |   | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |   |  |
| 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.  |   |   | FL Zip Code  |   |  |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |   |   |  |   |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2007</b>  |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be Added to Fees</b>  |  |
| <b>Make check payable to<br/>Florida Department of State</b>   |   |   |  |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VP<br>SMITH, LUCRECIA<br>4120 COCKROAH BAY RD #33<br>RUSKIN, FL 33570     | <input type="checkbox"/> Delete   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TRU<br>TUTTLE, JAMES<br>336 CALOOSA PALMS CT<br>SUN CITY CENTER, FL 33573 | <input type="checkbox"/> Delete   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P<br>BERGSCHNEIDER, BETH<br>PO BOX 1172<br>RUSKIN, FL 33575               | <input checked="" type="checkbox"/> Delete  |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | T<br>BAKER, JUDITH<br>2437 DEL WEBB E<br>SUN CITY CENTER, FL 33573        | <input type="checkbox"/> Delete   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TRU<br>VANCE, CHARLES<br>311 FRANCIS DR.<br>APOLLO BEACH, FL 33572        | <input type="checkbox"/> Delete   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P<br>Russell Sens<br>8515 Bayshore Rd Lot 152<br>Palmetto, FL 34221       |   |  |   |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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. |   |   |  |   |  |
| <b>SIGNATURE:</b> <i>Judith A. Baker</i> <b>Judith A. Baker</b>  |   |   |  |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |   |   |  |   |  |
| Date   |   |   |  |   |  |
| (813) 645-2089   |   |   |  |   |  |