


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 17, 2006 8:00 am**  
**Secretary of State**

08-17-2006 90003 016 \*\*\*\*70.00

|  |   |   |   |   |   |
|--|---|---|---|---|---|
| <b>DOCUMENT # N14209</b><br>1. Entity Name<br>PERRY LODGE, NO. 1851, BENEVOLENT AND<br>PROTECTIVE ORDER OF ELKS OF THE UNITED<br>STATES, INC.  |   |   |   |  |   |
| Principal Place of Business<br>305 PUCKETT ROAD<br>P.O. BOX 986<br>PERRY, FL 32348 US  |   |   | Mailing Address<br>305 PUCKETT ROAD<br>P.O. BOX 986<br>PERRY, FL 32348 US |   |   |
| 2. Principal Place of Business   |   | 3. Mailing Address  |   |   |   |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.   |   |   |   |
| City & State   |   | City & State  |   |   |   |
| Zip  | Country   | Zip   | Country   | 4. FEI Number<br>59-0948317   |   |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>   |   |   |   | Applied For<br>Not Applicable   |   |
| 6. Name and Address of Current Registered Agent  |   |   |   | 7. Name and Address of New Registered Agent                                       |   |
| NEELEY, EARLINE B.<br>305 PUCKETT ROAD<br>PERRY, FL 32348  |   |   |   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |   |
| 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 <i>Earline B. Neeley</i>   |   | Earline B Neeley  |   | Aug 15, 2006  |   |
| Filing Fee is \$61.25<br>Due by September 6, 2006  |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |   | \$5.00 May Be<br>Added to Fees  |   |
| Make check payable to<br>Florida Department of State   |   |   |   |   |   |
| 10. OFFICERS AND DIRECTORS   |   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                     |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TR<br>WOODFORD, ROBERT<br>1572 PINE CREST DR<br>PERRY, FL 32347 | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>LLOYD, DAVID<br>1205 CARTER ST<br>PERRY, FL 32348          | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | S<br>NEELEY, EARLINE B.<br>PO BOX 356<br>PERRY, FL 32348        | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>CRUCE, RICHARD<br>P O BOX 696<br>SHADY GROVE, FL 32357     | <input checked="" type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | D<br>Cruce, Richard<br>323 Plantation Rd<br>Perry, FL 32348       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TR<br>HICKS, MARSHALL<br>PO BOX 66<br>PERRY, FL 32348           | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TR<br>GRAMBLING, DEAN<br>3418 GRAMBLING LANE<br>PERRY, FL 32348 | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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. |   |   |   |   |   |
| SIGNATURE: <i>Richard Cruce</i>  |   | Richard Cruce   |   | Aug 15, 2006 850-584-3482   |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |   | Date  |   | Daytime Phone #   |   |

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