

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 27, 2007 8:00 am
Secretary of State

07-27-2007 90006 029 ****61.25

DOCUMENT # N14209

1. Entity Name

**PERRY LODGE, NO. 1851, BENEVOLENT AND
PROTECTIVE ORDER OF ELKS OF THE UNITED**



Principal Place of Business

305 PUCKETT ROAD
P.O. BOX 986
PERRY FL 32348
US

Mailing Address

305 PUCKETT ROAD
P.O. BOX 986
PERRY FL 32348
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

2nd MOORE

CR2E037 (4/07)

4. FEI Number

59-0948317

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

NEELEY, EARLINE B.
305 PUCKETT ROAD
PERRY FL 32348

Name *Charles R. (Dick) Joyal*

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

3475 QUAIL ST

City

Perry

FL

Zip Code

32348

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

**FILE NOW: FEE IS \$61.25
Due By September 5, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME *TR*
STREET ADDRESS *WOODFORD, ROBERT*
CITY-ST-ZIP *1572 PINE CREST DR*
PERRY FL 32347

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

TITLE ☒ Delete
NAME *D*
STREET ADDRESS *LLOYD, DAVID*
CITY-ST-ZIP *1205 CARTER ST*
PERRY FL 32348

TITLE *TR* ☐ Change ☐ Addition
NAME *NANCY C Joyal*
STREET ADDRESS *3475 Quail St*
CITY-ST-ZIP *Perry, FL 32348*

TITLE ☒ Delete
NAME *S*
STREET ADDRESS *NEELEY, EARLINE B.*
CITY-ST-ZIP *PO BOX 356*
PERRY FL 32348

TITLE *S* ☐ Change ☐ Addition
NAME *Charles R Joyal*
STREET ADDRESS *3475 QUAIL ST*
CITY-ST-ZIP *Perry, FL 32348*

TITLE ☐ Delete
NAME *D*
STREET ADDRESS *CRUCE, RICHARD*
CITY-ST-ZIP *323 PLANTATION RD*
PERRY FL 32348

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

TITLE ☒ Delete
NAME *TR*
STREET ADDRESS *HICKS, MARSHALL*
CITY-ST-ZIP *PO BOX 66*
PERRY FL 32348

TITLE *Buster Ratcliff TR* ☐ Change ☐ Addition
NAME
STREET ADDRESS *2998 GOLF COURSE RD*
CITY-ST-ZIP *Perry, FL 32348*

TITLE ☐ Delete
NAME *TR*
STREET ADDRESS *GRAMBLING, DEAN*
CITY-ST-ZIP *3418 GRAMBLING LANE*
PERRY FL 32348

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 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: *Charles R Joyal* *Charles R Joyal*

7-17-7

850-223-3952