


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90104 040 \*\*\*\*61.25

<b>DOCUMENT # N14209</b> 1. Entity Name <b>PERRY LODGE, NO. 1851, BENEVOLENT AND PROTECTIVE ORDER OF ELKS OF THE UNITED STATES, INC.</b>					
Principal Place of Business <b>305 PUCKETT ROAD P.O. BOX 986 PERRY, FL 32348 US</b>			Mailing Address <b>305 PUCKETT ROAD P.O. BOX 986 PERRY, FL 32348 US</b>		
2. Principal Place of Business - No P.O. Box # <b>305 Puckett Rd</b>		3. Mailing Address <b>P O Box 986</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Perry, FL</b>		City & State <b>Perry, FL</b>		4. FEI Number <b>59-0948317</b>	
Zip <b>32348</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>JOYAL, CHARLES R 3475 QUAIL ST PERRY, FL 32348</b>		7. Name and Address of New Registered Agent Name <b>Earline B Neeley</b> Street Address (P.O. Box Number is Not Acceptable) <b>1182 W. Roberts-Aman Rd</b> City <b>Perry</b> <b>FL</b> Zip Code <b>32347</b>			
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><i>Earline B Neeley</i></u> <span style="float: right;">04/25/08</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR WOODFORD, ROBERT 1572 PINE CREST DR PERRY, FL 32347	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR JOYAL, NANCY 3975 QUAIL ST PERRY, FL 32348	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JOYAL, CHARLES 3475 QUAIL ST PERRY, FL 32348	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRUCE, RICHARD 323 PLANTATION RD PERRY, FL 32348	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR RATCLIFF, BUSTER 2998 GOLF COURSE RD PERRY, FL 32348	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR GRAMBLING, DEAN 3418 GRAMBLING LANE PERRY, FL 32348	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR Ratliff, M.H. 2998 Golf Course Rd Perry, FL 32348	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Neeley, Earline B 1182 W Roberts-Aman Rd Perry, FL 32347	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR McCoy, Travis 212 Pine land st Perry, FL 32348	<input type="checkbox"/> Change <input checked="" 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.					
<b>SIGNATURE: <u>Richard Cruce</u></b> <span style="float: right;">04-25-08 850-684-3482</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					