

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90038 040 ****61.25

DOCUMENT # N18894

1. Entity Name

**FLORIDA STATE ASSOCIATION IMPROVED,
BENEVOLENT AND PROTECTIVE ORDER OF ELKS OF**



Principal Place of Business

**475 CANAVERAL GROVE BLVD
P.O. BOX 249
SHARPES FL 32959**

Mailing Address

**1008 BRADFORD DR
WINTER PARK FL 32792-6102
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

26-1093028

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

**SMITH, JEFFRIE
1008 BRADFORD DRIVE
WINTER PARK FL 32792-6102**

Name

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

City

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

Jeffrie H. Smith, Jeffrie H. Smith, Secretary

2/4/04

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 May 1, 2004**

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 NAME	D BUTLER, WALTER	<input type="checkbox"/> Delete
STREET ADDRESS	475 CANAVERAL GROVE BLVD	
CITY-ST-ZIP	SHARPES FL	
TITLE NAME	D WILLIAMS, ALFRED J	<input type="checkbox"/> Delete
STREET ADDRESS	1317 ALAMEDA DRIVE S	
CITY-ST-ZIP	LAKELAND FL 33805	
TITLE NAME	D BLACKMAN, KEVIN R	<input type="checkbox"/> Delete
STREET ADDRESS	409 CLEVELAND STREET	
CITY-ST-ZIP	AUBURNDAL FL 33823	
TITLE NAME	D SMITH, JEFFRIE H	<input type="checkbox"/> Delete
STREET ADDRESS	1008 BRADFORD DRIVE	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE NAME	T LAIDLER, RALPH A	<input type="checkbox"/> Delete
STREET ADDRESS	1726 LAVON	
CITY-ST-ZIP	LAKELAND FL 33805	
TITLE NAME	T JOSEPH, SAMUEL	<input type="checkbox"/> Delete
STREET ADDRESS	631 SW 10TH CT	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<i>Williams, J. Alfred</i>
CITY-ST-ZIP	
TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<i>3456 Mary Jewett Circle</i>
CITY-ST-ZIP	<i>Winter Haven, FL 33810</i>
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

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:

Jeffrie H. Smith, Jeffrie H. Smith

2/4/04

407 246 2896

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #