

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90034 015 ****61.25

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03222005 Chg-NP CR2E037 (10/03)

DOCUMENT # N19010			
1. Entity Name THE SANFORD ELKS CLUB, INC.		Principal Place of Business 1006 E. 2ND AVE. SANFORD, FL 32771 US	
Mailing Address P O BOX 1346 SANFORD, FL 32772		2. Principal Place of Business Suite, Apt. #, etc.	
3. Mailing Address Suite, Apt. #, etc.		City & State	
City & State		4. FEI Number 59-2651146	
Zip		Country	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable	
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.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MCKIBBIN, ALEX H 114 N PARK AVE SANFORD, FL 32771		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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
T NAME: ROGERS, JOE B STREET ADDRESS: 102 WESTWIND CT. CITY-ST-ZIP: SANFORD, FL 327735553	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
S NAME: ALEX MCKIBBIN STREET ADDRESS: 114 N PARK AVE CITY-ST-ZIP: SANFORD, FL 32771	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
T NAME: BARTZ, MICHAEL R STREET ADDRESS: 1306 FOREST DRIVE CITY-ST-ZIP: SANFORD, FL 327714653	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
T NAME: TUCKER, BILL STREET ADDRESS: 526 DEERFOOT ROAD CITY-ST-ZIP: DELAND, FL 327207962	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VP NAME: COOWAY, GARY STREET ADDRESS: 715 BAYWOOD DR. CITY-ST-ZIP: SANFORD, FL 327736209	<input type="checkbox"/> Delete	TITLE: VICE PRESIDENT NAME: EDWARD T. RYAN STREET ADDRESS: 540 FAIRHAVEN STREET CITY-ST-ZIP: DELTONA, FL 32725-4518	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
P NAME: COLBERT, JOHN STREET ADDRESS: 2859 DOE RUN TRAIL CITY-ST-ZIP: ORANGE CITY, FL 327638342	<input type="checkbox"/> Delete	TITLE: PRESIDENT NAME: WALTER WOODARD STREET ADDRESS: 707 E. 29TH STREET CITY-ST-ZIP: SANFORD, FL 32773-5215	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: ALEX H. MCKIBBIN **CORP. SECRETARY** 4/5/2005 407-322-0331
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #