

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2006 8:00 am
Secretary of State

03-31-2006 90012 041 ****61.25

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03102006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-2651146

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

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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

TITLE	T	<input type="checkbox"/> Delete
NAME	ROGERS, JOE B	
STREET ADDRESS	102 WESTWIND CT.	
CITY-ST-ZIP	SANFORD, FL 327735553	
TITLE	S	<input type="checkbox"/> Delete
NAME	ALEX MCKIBBIN	
STREET ADDRESS	114 N PARK AVE	
CITY-ST-ZIP	SANFORD, FL 32771	
TITLE	T	<input type="checkbox"/> Delete
NAME	BARTZ, MICHAEL R	
STREET ADDRESS	1306 FOREST DRIVE	
CITY-ST-ZIP	SANFORD, FL 327714653	
TITLE	T	<input type="checkbox"/> Delete
NAME	TUCKER, BILL	
STREET ADDRESS	526 DEERFOOT ROAD	
CITY-ST-ZIP	DELAND, FL 327207962	
TITLE	VP	<input type="checkbox"/> Delete
NAME	RYAN, EDWARD T	
STREET ADDRESS	540 FAIRHAVEN ST	
CITY-ST-ZIP	DELTONA, FL 327254518	
TITLE	P	<input type="checkbox"/> Delete
NAME	WOODARD, WALTER	
STREET ADDRESS	707 E 29TH ST	
CITY-ST-ZIP	SANFORD, FL 327735215	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	David Steely	
STREET ADDRESS	5353 S. Sanford Ave.	
CITY-ST-ZIP	Sanford, FL 32773-7033	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ronald Dunn	
STREET ADDRESS	2018 S. Palmetto Ave.	
CITY-ST-ZIP	Sanford, FL 32771-4342	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John T..Colbert	
STREET ADDRESS	2859 Doe Run Trail	
CITY-ST-ZIP	Orange City, FL 32763-8342	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Alex H. McKibbin 3/27/2006 407-322-0331