
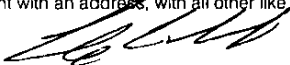


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2007 8:00 am**  
**Secretary of State**

04-12-2007 90043 042 \*\*\*\*61.25

<b>DOCUMENT # N19010</b> 1. Entity Name <b>THE SANFORD ELKS CLUB, INC.</b>					
Principal Place of Business <b>1006 E. 2ND AVE. SANFORD, FL 32771 US</b>			Mailing Address <b>P O BOX 1346 SANFORD, FL 32772</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02232007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number <b>59-2651146</b>	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>MCKIBBIN, ALEX H 114 N PARK AVE SANFORD, FL 32771</b>				Name Street Address (P.O. Box Number is Not Acceptable) City	
				<b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
				<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>ROGERS, JOE B</b>		NAME		
STREET ADDRESS	<b>102 WESTWIND CT.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>SANFORD, FL 327735553</b>		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>ALEX MCKIBBIN</b>		NAME		
STREET ADDRESS	<b>114 N PARK AVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>SANFORD, FL 32771</b>		CITY-ST-ZIP		
TITLE	<del>TR</del>	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<del>BARTZ, MICHAEL R</del>		NAME	<b>VP WILLIAM MAGNER</b>	
STREET ADDRESS	<del>1306 FOREST DRIVE</del>		STREET ADDRESS	<b>2612 MOHAWK AVE.</b>	
CITY-ST-ZIP	<del>SANFORD, FL 327714653</del>		CITY-ST-ZIP	<b>SANFORD, FL 32773</b>	
TITLE	<del>TR</del>	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<del>STEELY DAVID</del>		NAME	<b>TRUSTEE GARRY CONWAY</b>	
STREET ADDRESS	<del>5353 S SANFORD AVE</del>		STREET ADDRESS	<b>715 BAYWOOD DR.</b>	
CITY-ST-ZIP	<del>SANFORD, FL 327737033</del>		CITY-ST-ZIP	<b>SANFORD, FL 32773</b>	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>DUNN, RONALD</b>		NAME	<b>PRESIDENT</b>	
STREET ADDRESS	<b>2018 S PALMETTO AVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>SANFORD, FL 327714342</b>		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>COLBERT, JOHN T</b>		NAME	<b>TRUSTEE</b>	
STREET ADDRESS	<b>2859 DOE RUN TRL</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>ORANGE CITY, FL 327638342</b>		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.					
<b>SIGNATURE:</b> 			<b>ALEX H. MCKIBBIN</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <b>4/9/2007</b> Daytime Phone # <b>407-322-0331</b>		