2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 23, 2004 8:00 am Secretary of State 04-23-2004 90276 015 ****61.25

DOCUMENT # N21323 1. Entity Name FLORIDA ELKS CHARITIES, INC.					04-23-20	004 90276 015 ****	61.25
Principal Place of Business 24175 SE HWY 450 UMATILLA, FL 32701 P 0 BOX 49 UMATILLA, FL 32784-004		049 US			34062730	e'	
		2					
2. Principal Place of	at Business	3. Mailing Address				L EELL Bibli Bib li bibli bibli bibli bibli bibli	181 EI 1881
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04202004 Chg-NP	CR2E037 (10/03)		
City & State		City & State		4. FEI Number 59-2825884		olied For Applicable	
Zip 3278	Country	Zip	Country		5. Certificate of Status Desired	\$9.75 Addi	
•	Name and Address of Current R	tegistered Agent			7. Name and Address of Nev		
WILLIS, FRANK D JR.			Nan	Name CARL T. SEIBERT			
24175 SE HWY 450			Stre	Street Address (P.O. Box Number is Not Acceptable)			
UMATILLA, FL 32784				24175 SF HWY 450			
			City	24175 SE HWY 450 City UMATILLA FL Zip Code 32784			
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. 1 am familiar with, and accept							
the obligations of registered agent.							
SIGNATURE CARL T. SEIBERT SECRETARY 4/21/04 Signature, typed or printed name of registered agent and trite if applicable. (NOTE: Registered Agent signature required when rensisting) DATE							
3:ប្រាណ	ure, typed or printed name of registered agent ar	so the ill applicable. (14015:	negistered Agent	signature require	d when reinstating)	DATE	
Filin	ng Fee is \$61.25 by May 1, 2004	9. Election Cam Trust Fund Co	paign Financi ontribution.	ng 🔲	\$5.00 May Be Added to Fees	Make check payable to lorida Department of Sta	ate
Filin Due	ng Fee is \$61.25	9. Election Cam Trust Fund Co	paign Financi ontribution.	ng 🔲	\$5.00 May Be	lorida Department of Sta CERS AND DIRECTORS IN	ate 10
Filin Due	ng Fee is \$61.25 by May 1, 2004	9. Election Cam Trust Fund Co	paign Financi ontribution.	ng 🔲	\$5.00 May Be Added to Fees	lorida Department of St	ate
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I nereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f). 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.

SECRETIALY

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR CARLT SEIBERT