## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N21649

FILED Jun 15, 2005 Secretary of State

Entity Name: PORT ORANGE, FLORIDA, LODGE NO. 2723, BENEVOLENT AND PROTECTIVE ORDER OF ELKS

OF THE UNITED STATES OF AMERICA, INC.

Current Principal Place of Business: New Principal Place of Business:

5207 S. RIDGEWOOD AVE.

P. O. BOX 290879

PORT ORANGE, FL 321290879 US

Current Mailing Address: New Mailing Address:

P. O. BOX 290879

PORT ORANGE, FL 321290879 US

FEI Number: 59-2857660 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MARTENS, JOHN

500 TURNBULL BAY RD

NEW SMYDNA BEACH EL 32168 LIS

LOT 104

NEW SMYRNA BEACH, FL 32168 US LOT 104

HOLLY HILL, FL 32117 US

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.

SIGNATURE: ROBERT GERALD 06/15/2005

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: ER ( ) Delete Title: ER (X) Change ( ) Addition

Name: QUEEL, MARY ANN Name: SWANSON, EDWARD
Address: 1756 S. CLYDE MORRIS BLVD Address: 4650 LINKS VILLAGE DRIVE A301

Address: 1756 S. CLYDE MORRIS BLVD Address: 4650 LINKS VILLAGE DRIVE A301 City-St-Zip: DAYTONA BEACH, FL 32119 City-St-Zip: PONCE INLET, FL 32127

Title: () Delete Title: (X) Change ( ) Addition ARMTSONG, WILLIS PANKEVICH, CONSTANTINE Name: Name: Address: 888 LINDENWOOD OLCHE WT Address: 964 COUNTRYSIDE WEST BLVD. City-St-Zip: ORMOND BEACH, FL 32174 City-St-Zip: PORT ORANGE, FL 32127

Title: T ( ) Delete Title: S (X) Change ( ) Addition

Name: MARTENS, JOHN PER Name: GERALD, ROBERT

Address: 500 TURNBULL BAY RD. Address: 1000 WALKER STREET LOT 104

City-St-Zip: NEW SMYRNA BEACH, FL 32168 City-St-Zip: HOLLY HILL, FL 32117

 $\label{eq:time_def} \mbox{Title:} \qquad \mbox{D} \qquad \mbox{(X) Delete} \qquad \mbox{Title:} \qquad \mbox{() Change () Addition}$ 

 Name:
 INGLE, JOHN
 Name:

 Address:
 1740 CALDWELL RD
 Address:

 City-St-Zip:
 DAYTONA BEACH, FL 32119
 City-St-Zip:

Title: T ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 CRETELLA, ANGELO
 Name:

 Address:
 4333 LAKE ASHOY RD
 Address:

 City-St-Zip:
 NEW SMYRNA BEACH, FL 32168
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANGELO CRETELLA T 06/15/2005