


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 09, 2006 8:00 am**  
**Secretary of State**

05-09-2006 90085 045 \*\*\*\*61.25

<b>DOCUMENT # N21649</b> 1. Entity Name PORT ORANGE, FLORIDA, LODGE NO. 2723, BENEVOLENT AND PROTECTIVE ORDER OF ELKS OF THE UNITED STATES			
Principal Place of Business 5207 S. RIDGEWOOD AVE. P. O. BOX 290879 PORT ORANGE, FL 32129-0879 US		Mailing Address P. O. BOX 290879 PORT ORANGE, FL 32129-0879 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 290879	
City & State Port Orange FL		City & State Port Orange FL	
Zip 32129-0879		Zip 32129-0879	
Country USA		Country USA	
4. FEI Number 59-2857660		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GERALD, ROBERT 1000 WALKER STREET LOT 104 HOLLY HILL, FL 32117		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 744 Cricket Ct. City Port Orange FL FL Zip Code 32129	
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 <u>ROBERT M GERALD</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<u>Robert M. Gerald</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2006		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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ER SWANSON, EDWARD 4650 LINKS VILLAGE DRIVE A301 PONCE INLET, FL 32127 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ER EDWARD JACKSON 4299 S. ATLANTIC AVE PONCE INLET FL 32127 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PANKEVICH, CONSTANTINE 964 COUNTRYSIDE WEST BLVD. PORT ORANGE, FL 32127 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GERALD, ROBERT 1000 WALKER STREET LOT 104 HOLLY HILL, FL 32117 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GERALD, Robert 744 Cricket Ct. Port Orange FL 32129 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CRETILLA, ANGELO 4333 LAKE ASHOY RD NEW SMYRNA BEACH, FL 32168 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES. Filomena Howe 104 Dublin Cir Port Orange FL 32127 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARTHA ANDREWS 714 Barlow Cir Port Orange FL 32127 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Robert M. Gerald</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		5/6/06 <small>Date</small>	

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