2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
06 JUL 11 AM 8:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N21649

1. Entity Name
PORT ORANGE, FLORIDA, LODGE NO. 2723, BENEVOLENT AND PROTECTIVE ORDER OF ELKS OF THE UNITED STAT

Principal Place of Business	Mailing Address
5207 S. RIDGEWOOD AVE. ~~P.O. BOX 290879~~ PORT ORANGE, FL 32129-0879 US	POB 290879 PORT ORANGE, FL 32129-0829 US

06212006 Chg-NP CR2E037 (4/06)

2. Principal Place of Business	3. Mailing Address
5207 So. RIDGEWOOD AVE.	POB 290879
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PORT ORANGE FL.	City & State: PORT ORANGE, FL.
Zip: 32127 Country: US	Zip: 32129-0829 Country: US

4. FEI Number 59-2857660 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GERALD, ROBERT
744 CRICKET CT
PORT ORANGE, FL 32129

7. Name and Address of New Registered Agent

Name: VIVIAN F. RAUER, SECY.
Street Address (P.O. Box Number is Not Acceptable): 5207 SO. RIDGEWOOD AVE.
City: PORT ORANGE FL Zip Code: 32127

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: Vivian F. Rauer VIVIAN F. RAUER, SEC'Y. 7/3/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $61.25

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ER SWANSON, EDWARD 4299 S ATLANTIC AVE PORT ORANGE, FL 32127	☑ Delete	ER EDWARD JACKSON 4299 SO. ATLANTIC AVE. PONCE INLET, FL. 32127	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T PANKEVICH, CONSTANTINE 964 COUNTRYSIDE WEST BLVD. PORT ORANGE, FL 32127	☑ Delete	T JOHN MARTENS 500 TURNBULL BAY RD. NEW SMYRNA BCH. FL, 32168-6237	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S GERALD, ROBERT 744 CRICKET CT PORT ORANGE, FL 32129	☑ Delete	S VIVIAN F. RAUER 26 GOLF VILLA DRIVE PORT ORANGE, FL. 32128	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T FILOMERA, HOWE 704 DUBLIN CIR PORT ORANGE, FL 32127	☑ Delete	TR ANGELO CRETELLA 4333 LAKE ASHBY ROAD NEW SMYRNA BEACH, FL. 32168	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ANDREWS, MARTHA 714 BARLOW CIR PORT ORANGE, FL 32127	☑ Delete	T VICTOR E. MCCLELLAN 4327 SO. PENINSULA DR. PONCE INLET, FL. 32127	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	000077681460 07/18/06--01049--011 **61.25	☐ Change ☐ 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: Vivian F. Rauer VIVIAN F. RAUER 7/3/07 (386)767-8572
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #