

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21649

FILED
Apr 15, 2007
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:

5207 S. RIDGEWOOD AVE.
PORT ORANGE, FL 32127 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 290879
PORT ORANGE, FL 321290829 US

New Mailing Address:

FEI Number: 59-2857660

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAUER, VIVIAN F
5207 S. RIDGEWOOD AVE.
PORT ORANGE, FL 32127 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: ER () Delete
Name: JACKSON, EDWARD
Address: 4299 S ATLANTIC AVE
City-St-Zip: PONCE INLET, FL 32127

Title: T () Delete
Name: MARTENS, JOHN
Address: 500 TURNBULL BAY ROAD
City-St-Zip: NEW SMYRNA BEACH, FL 321686237

Title: S () Delete
Name: RAUER, VIVIAN F
Address: 26 GOLF VILLA DRIVE
City-St-Zip: PORT ORANGE, FL 32128

Title: TR () Delete
Name: CRETELLA, ANGELO
Address: 4333 LAKE ASHBY ROAD
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: T () Delete
Name: MCCLELLAN, VICTOR E
Address: 4327 S. PENINSULA DRIVE
City-St-Zip: PONCE INLET, FL 32127

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ER (X) Change () Addition
Name: KEENAN, RICHARD A
Address: 816 LAKELAND DRIVE
City-St-Zip: PORT ORANGE, FL 32127

Title: T (X) Change () Addition
Name: MASZTAK, CHESTER W
Address: 6285 PARADISE ISLAND CT
City-St-Zip: PORT ORANGE, FL 32128

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: BARONGI, FRANK
Address: 5607 TAYLOR AVE.
City-St-Zip: PORT ORANGE, FL 32127

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: VIVIAN RAUER

S

04/15/2007

Electronic Signature of Signing Officer or Director

Date