## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N21649

Apr 18, 2009 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. PORT ORANGE, FL 32127 US

**Current Mailing Address: New Mailing Address:** 

POST OFFICE BOX 290879 PORT ORANGE, FL 321290829 US

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

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

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

**OFFICERS AND DIRECTORS:** 

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:

Date

## Electronic Signature of Registered Agent

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change ( ) Addition KEENAN, RICHARD A CHATLEY, GEORGE B Name: Name:

816 LAKELAND DRIVE Address: 2942 REGENT CRESCENT Address: City-St-Zip: PORT ORANGE, FL 32127 City-St-Zip: SOUTH DAYTONA, FL 32119

Title: () Delete Title: (X) Change ( ) Addition MASZTAK, CHESTER W Name: SLAVIN, ROBERT E Name:

Address: 6285 PARADISE ISLAND CT Address: 5421 WWORDFERN COURT City-St-Zip: PORT ORANGE, FL 32128 City-St-Zip: PORT ORANGE, FL 32128

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

RAUER, VIVIAN F Name: Name: 26 GOLF VILLA DRIVE Address: Address: City-St-Zip: PORT ORANGE, FL 32128 City-St-Zip:

Title: TR ( ) Delete Title: () Change () Addition

Name: CRETELLA, ANGELO Name: Address: 4333 LAKE ASHBY ROAD Address: City-St-Zip: NEW SMYRNA BEACH, FL 32168 City-St-Zip:

Title: () Delete Title: LK (X) Change ( ) Addition

HEUSLEIN, BILLY INGLE, JOHN W Name: Name: 717 HAWKINS RIDGE ROAD 1740 CALDWELL ROAD Address: Address: City-St-Zip: PORT ORANGE, FL 32127 City-St-Zip: SOUTH DAYTONA, FL 32119

I hereby certify that the information supplied with this filing does not qualify 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 F RAUER SECY 04/18/2009