

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 16, 2007 8:00 am**  
**Secretary of State**

05-16-2007 90013 040 \*\*\*\*61.25

<b>DOCUMENT # N23045</b> 1. Entity Name BENEVOLENT AND PROTECTIVE ORDER OF ELKS, NEW PORT RICHEY LODGE #2284, INC.					
Principal Place of Business 7201 CONGRESS ST NEW PORT RICHEY, FL 34653 US				Mailing Address P.O. BOX 67 NEW PORT RICHEY, FL 34656	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <i>7201 CONGRESS ST</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>New Port Richey Fl</i>			
City & State <i>JP</i>		City & State <i>JP</i>			
Zip <i>34653</i>	Country <i>US</i>	Zip <i>34653</i>	Country <i>US</i>		
4. FEI Number 59-1021711				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  COLLAR, JOHN 1411 STAND CT NEW PORT RICHEY, FL 34655			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP COLLAR, JOHN 1411 STROUD CT NEW PORT RICHEY, FL 34655	<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	DV BUTLER, CHARLES 7730 WATERFORD ST NEW PORT RICHEY, FL 34653	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	EDWARD MCCARTHY 7338 EGRESS LN NEW PORT RICHEY FL 34653
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, JON 9035 SHALLOWFORD LANE PORT RICHEY, FL 34668	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	GINA BUMBALOUGH 7835 SUMMERTREE LN NEW PORT RICHEY FL 34653
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUTLER, DAWN 7730 WATERFORD ST. BAYONET POINT, FL 34667	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	BRIAN STANLEY 4348 PLAZA DE ARTES HOLIDAY FL 34691
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT FRANZEN, MARIE 10129 OAKHILL DR. PORT RICHEY, FL 34668	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARGARET BROWN 9035 SHALLOWFORD LN PORT RICHEY FL 34668
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CHAPIN, AUDREY 7311 CORDOBA AVE NEW PORT RICHEY, FL 34653	<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.					
<b>SIGNATURE:</b> <i>Audrey M. Chapin</i> <b>AUDREY M. CHAPIN</b> <i>5/14/07</i> <i>727-849-5192</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					