2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N23045

1. Entity Name
BENEVOLENT AND PROTECTIVE ORDER OF ELKS, NEW PORT RICHEY LODGE #2284, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 DEC 15 PM 3:24

Principal Place of Business	Mailing Address
7201 CONGRESS ST NEW PORT RICHEY, FL 34653 US	7201 CONGRESS ST NEW PORT RICHEY, FL 34653 US

10292008 REIN-NP CR2E099 (1/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1021711 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COLLAR, JOHN 1411 STAND CT NEW PORT RICHEY, FL 34655 Jon Brown	Name JON BROWN Street Address (P.O. Box Number is Not Acceptable) 9035 SHALLOWFORD LN City PORT Richey FL FL Zip Code 34668

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 Jon Brown 11/19/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $236.25
After January 1, 2009, Fee will be $297.50

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	DP COLLAR, JOHN 1411 STROUD CT NEW PORT RICHEY, FL 34655	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP JON BROWN 9035 SHALLOWFORD LN PORT Richey FL 34668	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV MACCARTHY, EDWARD 7730 WATERFORD ST NEW PORT RICHEY, FL 34653	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV JACK WHITEHEAD 6414 SENTRYWAY APT 5 New PORT Richey FL 34653	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BUMBALOUGH, GINA 7835 SUMMERTREE LN NEW PORT RICHEY, FL 34653	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARGARET SMITH 7413 EGRET LANE New PORT Richey FL 34653	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STANLEY, BRIAN 4248 PLAZA DR APT 125 HOLIDAY, FL 34691	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NANCY MASON 7725 FOREST TRAIL #B PORT Richey FL 34668	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT BROWN, MARGARET 8025 SHALLOWFORD LN. PORT RICHEY, FL 34668	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT BOB GOODALL 3855 TROPHY BLVD New PORT Richey FL 34655	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CHAPIN, AUDREY 7311 CORDOBA AVE NEW PORT RICHEY, FL 34653	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	500137919705 11/14/08--01013--008 **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: Audrey W Chapin Secretary 11/11/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Fee $61.25 - Fla Dept of State -

A REINSTATEMENT FEE IS REQUIRED EXCEPT IN CIRCUMSTANCES IN WHICH THE ENTITY