

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90323 016 ****61.25

DOCUMENT # N25285
1. Entity Name ELKS LODGE NO 2730, BPOE OF THE UNITED STATES OF AMERICA INC

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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 7655 SE HWY 25 Suite, Apt #, etc PO BOX 3100 City & State BELLEVUE		3. Mailing Address PO BOX 3100 Suite, Apt. #, etc, City & State BELLEVUE	
Zip 34421	Country US	Zip 34421	Country US

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2767697		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			

DO NOT WRITE IN THIS SPACE		7. Name and Address of Current Registered Agent	
		Name MCCRORY, MARILYN	
		Street Address (P.O. Box Number is Not Acceptable) 1701A W GLENEAGLES RD	
		City OCALA	FL

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 *Marilyn Mccrory* **MARILYN MCCRORY** **4-27-04**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS \$61.25 Initial or Amended UBR	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00, May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EADIE, VINCE 1002 WOODSIDE WILDWOOD FL 34785	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCCRORY, MARILYN 1701A W GLENEAGLES RD OCALA, FL 34472	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARRODUS, MELVIN 11606 SE 74 TER BELLEVUE, FL 34420	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WESTGATE, STEVE 9621 BAHIA RD OCALA, FL 34472	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REFFNER, WAYNE 2401 SE 17 CIR OCALA, FL 34471	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCKINNON, CHARLIE 8 SPRING LAKE WAY OCALA, FL 34472	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with another like empowered.

SIGNATURE: *Marilyn Mccrory* **MARILYN MCCRORY** **4/27/2004** **(352) 624-1186**
Signature typed or printed name of signing officer or director Date Daytime Phone #