

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2006 8:00 am**  
**Secretary of State**

04-12-2006 90082 009 \*\*\*\*61.25

**DOCUMENT # N27938**

1. Entity Name  
**KISSIMMEE LODGE NO. 1873 OF THE BENEVOLENT  
AND PROTECTIVE ORDER OF ELKS OF THE UNITED  
STATES OF**



Principal Place of Business  
**1655 KINGS HIGHWAY  
KISSIMMEE, FL 34744-8013**

Mailing Address  
**1655 KINGS HIGHWAY  
KISSIMMEE, FL 34744-8013**

40047146

2. Principal Place of Business

3. Mailing Address

03292006 Chg-NP CR2E037 (11/05)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**59-0702128**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**WALKER, ADDISON E ESQ  
4313 NEPTUNE ROAD  
ST CLOUD, FL 34769**

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **ER** ☐ Delete  
NAME **HIEMENZ, RICHARD**  
STREET ADDRESS **10701 GARDENWOOD ROAD**  
CITY-ST-ZIP **ORLANDO, FL 32837**

TITLE **TR** ☒ Delete  
NAME **BARKLEY, CHARLES**  
STREET ADDRESS **1787 KING EDWARD DRIVE**  
CITY-ST-ZIP **KISSIMMEE, FL 34744**

TITLE **TR** ☒ Delete  
NAME **BRONSON, SIDNEY D**  
STREET ADDRESS **1800 GRANADA BLVD**  
CITY-ST-ZIP **KISSIMMEE, FL 34746**

TITLE **TR** ☐ Delete  
NAME **BALLUS, JAMES**  
STREET ADDRESS **1581 SHADY OAK DRIVE**  
CITY-ST-ZIP **KISSIMMEE, FL 347446655**

TITLE **TR** ☐ Delete  
NAME **COUTURE, RENE JR**  
STREET ADDRESS **1720 KINGS HIGHWAY**  
CITY-ST-ZIP **KISSIMMEE, FL 34744**

TITLE **TR** ☒ Delete  
NAME **SIMPSON, MERVIN**  
STREET ADDRESS **217 HIGH VISTA DRIVE**  
CITY-ST-ZIP **DAVENPORT, FL 338375583**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **S** ☐ Change ☒ Addition  
NAME **RICHARD QUESNELL**  
STREET ADDRESS **2920 CANOE CIRCLE**  
CITY-ST-ZIP **ST. CLOUD, FL 34772**

TITLE **T** ☐ Change ☒ Addition  
NAME **WILLIAM J. HARLANNETT**  
STREET ADDRESS **306 MISSOURI AVE.**  
CITY-ST-ZIP **ST. CLOUD, FL 34769**

TITLE **TR** ☐ Change ☒ Addition  
NAME **RAYMUND S. CAGAY**  
STREET ADDRESS **507 ALABAMA AVE**  
CITY-ST-ZIP **ST. CLOUD, FL 34769**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME **COUTURE, RENE A. JR**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

**RENE A. COUTURE, JR. TRUSTEE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-06

Date

Cell =  
407-908-4045

Daytime Phone #