2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2008
Secretary of State

DOCUMENT# N31997

Entity Name: B & S COMBS ELKS LODGE #1599, INC.

Current Principal Place of Business:

1688 NE WASHINGTON STREET
LAKE CITY, FL 32056

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3605
LAKE CITY, FL 32056

New Mailing Address:

FEI Number: 59-2951842 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BRADLEY, SIMON
589 SW COUNTY ROAD 242A
LAKE CITY, FL 32025 US

Name and Address of New Registered Agent:

WEATHERSPOON, ROBERT L P
418 SW ACE LANE
LAKE CITY, FL 32025 US

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: ROBERT L. WEATHERSPOON 01/04/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DS ( ) Delete
Name: HENRY, EDMUND, JR.,
Address: P.O. BOX 485
City-St-Zip: LAKE CITY, FL 32025

Title: DT ( ) Delete
Name: WEATHERSPOON, ROBERT L
Address: 418 SW ACE LANE
City-St-Zip: LAKE CITY, FL 32025

Title: P ( ) Delete
Name: BRADLEY, SIMON
Address: 589 SW COUNTY ROAD 242A
City-St-Zip: LAKE CITY, FL 32025

Title: VP ( ) Delete
Name: WATERS, LEON
Address: 589 SW COUNTY ROAD 242A
City-St-Zip: LAKE CITY, FL 32025

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change ( ) Addition
Name: HENRY, EDMUND
Address: P.O. BOX 485
City-St-Zip: LAKE CITY, FL 32025

Title: P (X) Change ( ) Addition
Name: WEATHERSPOON, ROBERT L
Address: 418 SW ACE LANE
City-St-Zip: LAKE CITY, FL 32025

Title: VP (X) Change ( ) Addition
Name: ANDERS, RICHARD
Address: 628 NW JEFFERSON ST
City-St-Zip: LAKE CITY, FL 32055

Title: S (X) Change ( ) Addition
Name: BROWN, CHARLES
Address: 3416 SW SISTERS WELCOME RD.
City-St-Zip: LAKE CITY, FL 32025

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: ROBERT L. WEATHERSPOON P 01/04/2008
Electronic Signature of Signing Officer or Director Date