

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90076 041 ****61.25

DOCUMENT # N32941

1. Entity Name

THE ELKS' LADIES, INC.



Principal Place of Business

Mailing Address

103 NORTH CAUSEWAY
NEW SMYRA BEACH FL 32169
US

103 NORTH CAUSEWAY
NEW SMYRA BEACH FL 32169
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2989525

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

BUTTS, ANNA R
103 NORTH CAUSEWAY
NEW SMYRNA BEACH FL 32169

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 reinstating)

DATE

FILE NOW: FEE IS \$61.25

Due By May 1, 2004

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME ODOM, SHIRLEEN
STREET ADDRESS 2662 ARLINGTON AVE
CITY-ST-ZIP NEW SMYRNA BEACH FL 32168 ☒ Delete

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

TITLE VP
NAME MEDDIS, NANCY
STREET ADDRESS 380 GRANDA ST
CITY-ST-ZIP NEW SMYRNA BEACH FL 32169 ☒ Delete

TITLE Vice President
NAME Louis R. Rosa
STREET ADDRESS 2120 Jungle Rd
CITY-ST-ZIP New Smyrna Beach FL 32168 ☒ Change ☐ Addition

TITLE RSD
NAME TLBOTT, KAY
STREET ADDRESS 3729 WATERMELON LANE
CITY-ST-ZIP NEW SMYRNA BCH FL ☐ Delete

TITLE Recording Sec.
NAME Kay Talbott
STREET ADDRESS 3729 Watermelon Lane
CITY-ST-ZIP New Smyrna Beach FL 32168 ☐ Change ☐ Addition

TITLE CS
NAME FARRELL, ANN
STREET ADDRESS 2051 PIONEER TRAIL
CITY-ST-ZIP NEW SMYRNA BEACH FL 32168 ☒ Delete

TITLE Corresponding Sec.
NAME Marjorie J. Cyr
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE TD
NAME BUTTS, ANNA R
STREET ADDRESS 16B COUNTRY CLUB DR
CITY-ST-ZIP NEW SMYRNA BEACH FL 32168 ☒ Delete

TITLE Treasurer
NAME Louise Buchala
STREET ADDRESS 2120 Jungle Rd
CITY-ST-ZIP New Smyrna Beach FL 32168 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE