

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90077 011 ****61.25

DOCUMENT # N32941 1. Entity Name THE ELKS' LADIES, INC.					
Principal Place of Business 103 NORTH CAUSEWAY NEW SMYRNA BEACH, FL 32169 US			Mailing Address 103 NORTH CAUSEWAY NEW SMYRNA BEACH, FL 32169 US		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
			03012005 Chg-NP CR2E037 (10/03)		
			4. FEI Number 59-2989525		Applied For <input type="checkbox"/> Not Applicable
			5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent BUTTS, ANNA R. 103 NORTH CAUSEWAY NEW SMYRNA BEACH, FL 32169			7. Name and Address of New Registered Agent Name <u>Nancy Trudo</u> Street Address (P.O. Box Number is Not Acceptable) <u>708 Pine Shores Circle</u> <u>New Smyrna Bch</u> City <u>FL</u> Zip Code <u>32168</u>		
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 <u>Nancy Trudo</u> 4/11/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DE ROOSA, DORIS 380 GRANDA ST NEW SMYRNA BEACH, FL 32169	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Callahan, Elaine 30 Bogey Circle New Smyrna Bch FL 32168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RSD TLBOTT, KAY 3729 WATERMELON LANE NEW SMYRNA Bch, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS FARRELL, ANN 2051 PIONEER TRAIL NEW SMYRNA BEACH, FL 32168	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President KONE, Sally 1005 Regent St Edgewater, FL 32132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BACHELS, LUISE 2120 JUNGLE RD. NEW SMYRNA BEACH, FL 32168	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TRUDO, NANCY 708 Pine Shores Cir New Smyrna Bch FL 32168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Nancy Trudo</u> 4/11/05 386-426-0012 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					