

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32941

FILED
Mar 30, 2009
Secretary of State

Entity Name: THE ELKS' LADIES, INC.

Current Principal Place of Business:

103 NORTH CAUSEWAY
NEW SMYRA BEACH, FL 32169 US

New Principal Place of Business:

820 W. PARK AVENUE
EDGEWATER, FL 32132 US

Current Mailing Address:

P.O. BOX 536
EDGEWATER, FL 32132

New Mailing Address:

FEI Number: 59-2989525 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MEDDIS, NANCY
380 GRANADA STREET
NEW SMYRNA BEACH, FL 32169 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BRADEN, SALLY
Address: 1005 REGENT STREET
City-St-Zip: EDGEWATER, FL 32132

Title: RSD () Delete
Name: TALBOTT, KAY
Address: 3729 WATERMELON LANE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: T () Delete
Name: MEDDIS, NANCY
Address: 380 GRANADA STREET
City-St-Zip: NEW SMYRNA BEACH, FL 32169

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: RSD (X) Change () Addition
Name: CROCKER, JANE
Address: 1807 ORANGE TREE DR.
City-St-Zip: EEDGEWATER, FL 32132

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: NANCY MEDDIS

TRES

03/30/2009

Electronic Signature of Signing Officer or Director

Date