

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90094 004 ****61.25

DOCUMENT # N32941

1. Entity Name

THE ELKS' LADIES, INC.



Principal Place of Business

**103 N. CAUSEWAY
NEW SMYRNA BEACH FL 32169
US**

Mailing Address

**103 N. CAUSEWAY
NEW SMYRNA BEACH FL 32169
US**

2. Principal Place of Business

103 North Causeway

Suite, Apt. #, etc.

3. Mailing Address

103 North Causeway

Suite, Apt. #, etc.

City & State

New Smyrna Beach, FL

City & State

New Smyrna Beach, FL

Zip

32169

Country

USA

Zip

32169

Country

USA

4. FEI Number **59-2989525**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**TALBOTT, KAY
3 NORTH CAUSEWAY
NEW SMYRNA BEACH FL 32069**

7. Name and Address of New Registered Agent

Name **Anna R. Butts**

Street Address (P.O. Box Number is Not Acceptable)

103 North Causeway

City **New Smyrna Beach**

FL

Zip Code **32169**

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

Anna R. Butts

04.07.03

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

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 **PD** ☐ Delete
NAME **DE ROSA, DORIS**
STREET ADDRESS **120 LANDIS ST**
CITY-ST-ZIP **NEW SMYRNA BEACH FL 32168**

TITLE **VP** ☐ Delete
NAME **INSLEY, PHYLLIS**
STREET ADDRESS **6912 S ATLANTIC AVE**
CITY-ST-ZIP **NEW SMYRNA BEACH FL 32169**

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

TITLE **CS** ☐ Delete
NAME **MERRITT, IRIS**
STREET ADDRESS **1920 PINE TREE DR**
CITY-ST-ZIP **EDGEWATER FL 32141**

TITLE **TD** ☐ Delete
NAME **KRAEMER, MARY E.**
STREET ADDRESS **201 CASTILE**
CITY-ST-ZIP **NEW SMYRNA BEACH FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **President** ☒ Change ☐ Addition
NAME **Shirleen Odom**
STREET ADDRESS **2662 Arlington Ave**
CITY-ST-ZIP **New Smyrna Beach, FL 32168**

TITLE **Vice President** ☒ Change ☐ Addition
NAME **Nancy Meddis**
STREET ADDRESS **380 Granada St.**
CITY-ST-ZIP **New Smyrna Beach, FL 32169**

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

TITLE **Corresponding Sec'y** ☒ Change ☐ Addition
NAME **Ann Fairrell**
STREET ADDRESS **2051 Pioneer Trail**
CITY-ST-ZIP **New Smyrna Beach, FL 32168**

TITLE **Treasurer** ☒ Change ☐ Addition
NAME **Anna R. Butts**
STREET ADDRESS **16B Country Club Dr.**
CITY-ST-ZIP **New Smyrna Beach, FL 32168**

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 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:

Anna R. Butts **TREASURER** 04.07.03 386 428 3712

CR2E037 (10/02)