


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2004 8:00 am
Secretary of State

03-04-2004 90015 033 ****61.25

DOCUMENT # N33709 1. Entity Name SARASOTA LODGE NO. 1519 BENEVOLENT AND PROTECTIVE ORDER OF ELKS OF THE UNITED STATES OF AMERICA					
Principal Place of Business 3900 NORTH LOCKWOOD RIDGE ROAD SARASOTA, FL 34234			Mailing Address 3900 NORTH LOCKWOOD RIDGE ROAD SARASOTA, FL 34234		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-0523343	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MALATESTA, FRANK P JR 4517 CAMINO REAL SARASOTA, FL 34231				7. Name and Address of New Registered Agent Name Charles W. Stolteben Street Address (P.O. Box Number is Not Acceptable) 11410 3rd Ave E. City Bradenton FL Zip Code 34202	
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 Charles W. Stolteben DATE 2-19-04 <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, 2004		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 D <input type="checkbox"/> Delete NAME KRUSE, ROLAND STREET ADDRESS 4715 HAMLET'S GROVE DR. CITY-ST-ZIP SARASOTA, FL 34235			TITLE President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Charles W. Stolteben STREET ADDRESS 11410 3rd Ave E CITY-ST-ZIP Bradenton FL 34202		
TITLE T <input type="checkbox"/> Delete NAME MELTON, PAUL STREET ADDRESS 1351 GLENDALE CIR. W CITY-ST-ZIP SARASOTA, FL 34232			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE DP <input checked="" type="checkbox"/> Delete NAME MALATESTA, FRANK P JR STREET ADDRESS 4517 CAMINO REAL CITY-ST-ZIP SARASOTA, FL 34231			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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: [Signature] Date 2/18/04 Daytime Phone # 941-539-1519 <small>SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					