


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

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|---|---|--|---|--|--|
| 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 | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 59-0523343 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| MALATESTA, FRANK P JR 4517 CAMINO REAL SARASOTA, FL 34231 | | | Name <i>Charles W. Stolteben</i> Street Address (P.O. Box Number is Not Acceptable) <i>11410 3rd Ave E.</i> City <i>Bradenton</i> FL Zip Code <i>34202</i> | | |
| 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 <i>Charles W. Stolteben</i> | | | DATE <i>2-19-04</i> | | |
| 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 NAME STREET ADDRESS CITY-ST-ZIP | D KRUSE, ROLAND 4715 HAMLETS GROVE DR. SARASOTA, FL 34235 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | President Charles W. Stolteben 11410 3rd Ave E Bradenton FL 34202 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T MELTON, PAUL 1351 GLENDALE CIR. W SARASOTA, FL 34232 | <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 | DP MALATESTA, FRANK P JR 4517 CAMINO REAL SARASOTA, FL 34231 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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: <i>[Signature]</i> | | | Date <i>2/18/04</i> | | Daytime Phone # <i>941-539-1519</i> |