2005 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # N33709



	ITA LODGE NO. 1519 BEN ITIVE ORDER OF ELKS OF RICA		ES			03-03-2003	90106 04	1 0	1.23	
Principal Place of Business 3900 NORTH LOCKWOOD RIDGE ROAD SARASOTA, FL 34234 Malling Address 3900 NORTH LOCKWOOD RIDGE ROAD SARASOTA, FL 34234				_		٠.,				
2. Principal Place of Business		3. Malling Address			† (4 5) 111		EE 6583 1184 1184 1184			
Sulte, Apt. #, etc.		Suite, Apt. #, etc.			01052005	Chg-NP	CR2E037	(10/03)		
City & State		City & State			4. FEI Number 59-0523	343			oplied For	
Žip	Country	Zip	Country		5. Certificate of	of Status Desired		8.75 Ack	ditional	
	6. Name and Address of Current	t Registered Agent		Į.	7. Name and	Address of New I				
STOLTED	EN CHARLES W		- Name			Evanle D				
STOLTEBEN, CHARLES W 11410 3RD AVE E				Malatesta, Frank P. Street Address (P.O. Box Number is Not Acceptable)						
BRADENTON, FL 34202				4517 Camino Real						
			City	Saras	sota		FL	Zp Coo 3423	e 1	
8. The above named entity submits this statement for the purpose of changing its registered office or re						, in the State of F	lorida. I am fa			
the obligat	tions of registered agent.									
						1 /	6/05			
CICKIATI IOC	Frank D Malatoc	2+2				1 /				
SIGNATURE .	Frank P. Malates Signature, typed or printed name of registered agent		Registered Agent sign	ature required v	when reinstating)		DATE			
SIGNATURE		t and title # applicable. (NOTS	npaign Financing		when reinstating) \$5.00 May Be Added to Fees					
SIGNATURE	Signature, typed or printed name of registered agent	s and the Fappicable. (NOTE 9. Election Can Trust Fund C	npaign Financing		\$5.00 May Be Added to Fees		DATE MAKE check ride Departi	tient of S	Late	
10.	Filling Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DI	s and the Fappicable. (NOTE 9. Election Can Trust Fund C	npaign Financing Contribution.		\$5.00 May Be Added to Fees	Fio	DATE Melice (Check rich: Departi ERS AND DIRE	tient of S	Late	
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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:

1. Entity Name

Roland Kruse Chairman Board of Directors

E AND TYPED OR PRINTED NAME OF BIOMING OFFICER ON DIRECTOR

Date

Date

Description

Descript

1/6/05

FILED Mar 03, 2005 8:00 am Secretary of State