


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-03-2005 90168 041 ****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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-0523343	Applied For Not Applicable
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		
STOLTEBEN, CHARLES W 11410 3RD AVE E BRADENTON, FL 34202			Name Malatesta, Frank P. Street Address (P.O. Box Number is Not Acceptable) 4517 Camino Real City Sarasota FL Zip Code 34231		
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 <u>Frank P. Malatesta</u>			DATE <u>1/6/05</u>		
Signature, typed or printed name of registered agent and title if applicable.			(NOTE: Registered Agent signature required when reinstating)		
Filing Fee is \$61.25 Due by May 1, 2005		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	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KRUSE, ROLAND		NAME		
STREET ADDRESS	4715 HAMLETS GROVE DR.		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34235		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MELTON, PAUL		NAME	Susan Krisher	
STREET ADDRESS	1351 GLENDALE CIR. W		STREET ADDRESS	417 N. Briggs Ave., #704	
CITY-ST-ZIP	SARASOTA, FL 34232		CITY-ST-ZIP	Sarasota, Fla., 34237	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	Frank P. Malatesta	
NAME	STOLTEBEN, CHARLES W		STREET ADDRESS	4517 Camino Real	
STREET ADDRESS	11410 3RD AVE E		CITY-ST-ZIP	Sarasota, Fla., 34231	
CITY-ST-ZIP	BRADENTON, FL 34202				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <u>Roland Kruse</u>			DATE <u>1/6/05</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
			Daytime Phone #		