


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2007 08:00 AM
Secretary of State

DOCUMENT # N33709 1. Entity Name SARASOTA LODGE NO. 1519 BENEVOLENT AND PROTECTIVE ORDER OF ELKS OF THE UNITED STATES					
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 - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number <div style="text-align: right;">59-0523343</div>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <div style="text-align: center;"> MALATESTA, FRANK P 4517 CAMINO REAL SARASOTA FL 34231 </div>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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. <div style="display: flex; justify-content: space-between;"> <div> SIGNATURE <i>Frank P. Malatesta</i> <small>Signature, typed or printed name of registered agent and title if applicable</small> </div> <div> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div> <small>DATE</small> </div> </div>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007.		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-STATE-ZIP	S BIBISI, RAYMOND 5707 45TH E 108 SARASOTA FL 34235	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	T MALATESTA, FRANK P 4517 CAMINO REAL SARASOTA FL 34231	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	T MASON, LOIS 3876 HAWKEYE CIRCLE INVERNESS FL 34453	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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1st MOORE CR2E037 (10/06)

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05/01/07-80017-009 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Frank P. Malatesta*