

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37159

FILED
Jun 07, 2005
Secretary of State

Entity Name: TWIN CITIES LODGE, NO. 2747, BENEVOLENT AND PROTECTIVE ORDER OF ELKS OF THE UNITED STATES OF AMERICA, INCORPORATED

Current Principal Place of Business:

EXALTED RULER
224 SEMINOLE AVE.
VALPARAISO, FL 32580 US

New Principal Place of Business:

Current Mailing Address:

EXALTED RULER
P. O. BOX 701
VALPARAISO, FL 32580 US

New Mailing Address:

FEI Number: 59-2911030 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HAYES, CLARE A
P.O.BOX 701
VALPARAISO, FL 32580 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: ER () Delete
Name: JENNINGS, JAMES
Address: 711 ST ROSE COVE
City-St-Zip: NICEVILLE, FL 32578

Title: T () Delete
Name: HAYES, CLARE
Address: 395 JASMINE AVENUE
City-St-Zip: VALPARAISO, FL 32580

Title: T () Delete
Name: SHAVER, CHESTER
Address: 138 EDWARDS CR
City-St-Zip: VALPARAISO, FL 32580

Title: T () Delete
Name: BUCK, MILTON W.
Address: 501 MCKENNY ST
City-St-Zip: NICEVILLE, FL 32578

Title: T () Delete
Name: HUNTER, JOSEPH
Address: 76 6TH STREET
City-St-Zip: SHALIMAR, FL 32578

Title: T () Delete
Name: WILSON, RICK
Address: 112 DYER ROAD
City-St-Zip: NICEVILLE, FL 32578

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ER (X) Change () Addition
Name: LEATHERWOOD, JOHN
Address: 1060 LAKE WAY DRIVE
City-St-Zip: NICEVILLE, FL 32578

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLARE A. HAYES

Electronic Signature of Signing Officer or Director

TREA

06/07/2005

Date