

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37159

FILED  
May 02, 2010  
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 AVENUE  
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:**

TWIN CITIES BPOE 2747  
224 SEMINOLE AVENUE  
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  
Name: TURNER, SCOTT  
Address: 224 SIMINOLE AVE  
City-St-Zip: VALPARAISO, FL 32580

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

Title: T  
Name: LEATHERWOOD, BELINDA  
Address: 1060 LAKE WAY DRIVE  
City-St-Zip: NICEVILLE, FL 32578

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: BELINDA LEATHERWOOD

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05/02/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date