

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED
Oct 02, 2008
Secretary of State**

DOCUMENT# N37792

Entity Name: CORAL CITY ELKS LODGE NO. 610 AND CORAL CITY TEMPLE NO. 400, IBPOE OF THE WORLD, INC.

Current Principal Place of Business:

1107 WHITEHEAD STREET
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

1107 WHITEHEAD STREET
KEY WEST, FL 33040

New Mailing Address:

FEI Number: 23-7173929 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SULLIVAN, KENNETH M ER
1020 EMMA STREET
4C
KEY WEST, FL 33040 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: KEN SULLIVAN

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KEN, SULLIVAN
Address: 1020 EMMA STREET # 4C
City-St-Zip: KEY WEST, FL 33040

Title: D () Delete
Name: ROBERTSON, DELORES
Address: E23 11TH AVE.
City-St-Zip: KEY WEST, FL 33040

Title: FS () Delete
Name: CARLISS, PARKS SR
Address: BERTHA STREET
City-St-Zip: KEY WEST, FL 33040

Title: RST () Delete
Name: MENITE, JAMES
Address: 711 CHAPMAN LN.
City-St-Zip: KEY WEST, FL 33040

Title: HCT (X) Delete
Name: KELLY, SAMUEL
Address: 208 TRUMAN AVE.
City-St-Zip: KEY WEST, FL 33040

Title: FS (X) Delete
Name: SULLIVAN, KEN M FS
Address: 1107 WHITEHEAD STREET
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: KEN, SULLIVAN EXALTED
Address: 1020 EMMA STREET # 4C
City-St-Zip: KEY WEST, FL 33040

Title: DIR (X) Change () Addition
Name: KELLY, SAMUEL ADVISER
Address: 208 TRUMAN AVE.
City-St-Zip: KEY WEST, FL 33040

Title: OFF (X) Change () Addition
Name: CARLISS, PARKS SR FS
Address: 56 ED SWIFT RD
City-St-Zip: KEY WEST, FL 33040

Title: OFF (X) Change () Addition
Name: MENITE, JAMES RS
Address: 711 CHAPMAN LN.
City-St-Zip: KEY WEST, FL 33040

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 exemption stated in Chapter 119, 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: KEN SULLIVAN

Electronic Signature of Signing Officer or Director

PRES

10/02/2008

Date