

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 09, 2007 8:00 am**  
**Secretary of State**

08-09-2007 90054 006 \*\*\*\*61.25

**DOCUMENT # N45403**

1. Entity Name  
EL DOE'S OF THE SEBASTIAN ELKS LODGE #2714, INC.



Principal Place of Business  
P O BOX 781807  
SEBASTIAN, FL 32958

Mailing Address  
P O BOX 781807  
SEBASTIAN, FL 32958

**DO NOT WRITE IN THIS SPACE**



08042007 No Chg-NP CR2E037 (4/06)

4. FEI Number  
59-3097788

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

LULICH, STEVEN  
1069 MAIN ST.  
SEBASTIAN, FL 32958

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when restate)

DATE

**Filing Fee is \$61.25**  
**Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	RUMMEL, SUSAN
STREET ADDRESS	465 WARREN STREET
CITY-ST-ZIP	SEBASTIAN, FL 32958

DeLauder, Mary  
831 Gladiola Ave  
Sebastian, FL 32958

TITLE	VP
NAME	CARLISLE, CARMEN
STREET ADDRESS	8336 E. 98TH AVE.
CITY-ST-ZIP	VERO BEACH, FL 32967

TITLE	VP
NAME	FRESSE, DIANE
STREET ADDRESS	P O BOX 95
CITY-ST-ZIP	ROSELAND, FL 32957

TITLE	T
NAME	MULLER, LOUISE
STREET ADDRESS	163 DAY DRIVE
CITY-ST-ZIP	SEBASTIAN, FL 32958

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** *Carmen Carlisle*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-4-07 (772) 5894745  
Date Daytime Phone #