


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 Mailing Address
 P O BOX 781807 P O BOX 781807
 SEBASTIAN, FL 32958 SEBASTIAN, FL 32958

DO NOT WRITE IN THIS SPACE



08042007 No Chg-NP CR2E037 (4/06)

6. Name and Address of Current Registered Agent
 LULICH, STEVEN
 1069 MAIN ST.
 SEBASTIAN, FL 32958

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	RUMMELL, SUSAN Delauder, mary
STREET ADDRESS	465 WARREN STREET 831 Gladiola ave
CITY-ST-ZIP	SEBASTIAN, FL 32958 Sebastian, FL 32958
TITLE	VP P
NAME	CARLISLE, CARMEN
STREET ADDRESS	8336 E. 98TH AVE.
CITY-ST-ZIP	VERO BEACH, FL 32967
TITLE	VP 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	

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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* 8-4-07 (772) 5894745
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #