

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46674

FILED  
Feb 16, 2012  
Secretary of State

**Entity Name:** DEEP CREEK LODGE, NO. 2763, BENEVOLENT AND PROTECTIVE ORDER OF ELKS OF THE UNITED STATES OF AMERICA, INC.

**Current Principal Place of Business:**

1133 CAPRICORN BLVD.  
PUNTA GORDA, FL 33983 US

**New Principal Place of Business:**

**Current Mailing Address:**

1133 CAPRICORN BLVD.  
PUNTA GORDA, FL 33983 US

**New Mailing Address:**

**FEI Number:** 65-0310937      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WENZEL, SAMUEL L  
25459 KOWLOON LANE  
PUNTA GORDA, FL 33983 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:** D  
**Name:** KILLIAN, ROBERT  
**Address:** 1518 NUREMBERG BLVD.  
**City-St-Zip:** PUNTA GORDA, FL 33983

**Title:** O  
**Name:** SEWELL, LINDA  
**Address:** 3631 STAGHOM AVENUE  
**City-St-Zip:** NORTH PORT, FL 34286 US

**Title:** D  
**Name:** BRADBURY, LEE  
**Address:** 1583 ULTRAMARINE LN  
**City-St-Zip:** PUNTA GORDA, FL 33983

**Title:** T  
**Name:** NEILLEY, KAY  
**Address:** 24060 BUCKINGHAM WAY  
**City-St-Zip:** PT CHARLOTTE, FL 33980

**Title:** S  
**Name:** MCCURRY, AMY  
**Address:** 532 ROSE APPLE CIRCLE  
**City-St-Zip:** PORT CHARLOTTE, FL 33954

**Title:** P  
**Name:** WENZEL, SAMUEL L  
**Address:** 25459 KOWLOON LANE  
**City-St-Zip:** PUNTA GORDA, FL 33983 US

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: KAY F. NEILLEY

T

02/16/2012

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date