

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90338 023 \*\*\*\*61.25

**DOCUMENT # N47247**

1. Entity Name  
 LAKE WALES ELKS LODGE, INC. LODGE NO. 1974



Principal Place of Business  
 16905 HWY. 27  
 LAKE WALES, FL

Mailing Address  
 POST OFFICE BOX 1242  
 LAKE WALES, FL 33859-1242 US

00030340



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

03312005 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number  
 59-0895650

Applied For  
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 LESTER, LARRY  
 1714 S. LAKE REEDY BLVD  
 FROSTPROOF, FL 33843

7. Name and Address of New Registered Agent  
 Name: Henry L. Seay  
 Street Address (P.O. Box Number is Not Acceptable): 102 Babson Dr  
Babson Pk,  
 City: \_\_\_\_\_ State: FL Zip Code: 33827

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, the registered agent.

SIGNATURE: Henry L. Seay  
 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: May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME	S. BATES, BARBARA	<input type="checkbox"/> Delete
STREET ADDRESS	12 BECK ST	
CITY-ST-ZIP	WINTER HAVEN, FL 33884	
TITLE NAME	T. WEBB, JOSEPH	<input type="checkbox"/> Delete
STREET ADDRESS	PO BOX 482	
CITY-ST-ZIP	LAKE WALES, FL 33859	
TITLE NAME	TST DENISTON, J R	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	6112 TINDELL CAMP LANE	
CITY-ST-ZIP	LAKE WALES, FL 33853	
TITLE NAME	TST LESTER, LARRY	<input type="checkbox"/> Delete
STREET ADDRESS	1714 S. LAKE REEDY BLVD	
CITY-ST-ZIP	FROSTPROOF, FL 33843	
TITLE NAME	TST SCAY, HENRY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	102 BABSON DRIVE	
CITY-ST-ZIP	BABSON PARK, FL 33827	
TITLE NAME	TST MERRELL, ROBERT	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	243 2ND AVE N	
CITY-ST-ZIP	LAKE WALES, FL 33859	

TITLE NAME	981 Ulmer Rd-#106	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	Frostproof, Fl. 33843	
CITY-ST-ZIP		
TITLE NAME	Pres - P Henry L Seay	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	102 Babson Dr	
CITY-ST-ZIP	Babson Pk. Fl. 33827	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	TST Richard Bates	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	981 Ulmer Rd-#106	
CITY-ST-ZIP	Frostproof, Fl. 33843	
TITLE NAME	TST James Prentiss	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	203 C F Kinney Rd-#C	
CITY-ST-ZIP	Lake Wales, Fl 33859	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Henry L. Seay - EXALTED Ruler Date: 4/17/05 Daytime Phone #: 863-676-5416