

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90315 042 ****61.25

DOCUMENT # N48337			
1. Entity Name PALM BAY LODGE NUMBER 2766 OF THE BENEVOLENT AND PROTECTIVE ORDER OF ELKS OF THE UNITED			
Principal Place of Business 1155 MALABAR RD SUITES 1 AND 2 PALM BAY FL 32907		Mailing Address PO BOX 100046 PALM BAY FL 32910 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/04)

4. FEI Number 59-3093089		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GERAR, EDWARD L 803 BROW CT NE PALM BAY FL 32905		7. Name and Address of New Registered Agent Name CASALE, Robert Street Address (P.O. Box Number is Not Acceptable) 750 HURDLE AVE City Palm Bay FL Zip Code 32907	
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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 **Robert Casale, Exalted Ruler** DATE **4/23/05**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: 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 STREET ADDRESS CITY-ST-ZIP	DS LYNDE, SHARON-ANN 189 FRANTE AVENUE NE PALM BAY FL 32907-3140 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Peters, Peggy 200 LARCH CIR NE #101 PALM BAY, FL 32905 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Secretary
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ER GERAR, EDWARD L 803 BROW CT NE PALM BAY FL 32905 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CASALE, Robert 750 HURDLE AVENUE PALM BAY, FL 32907 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ELC
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETERS, PEGGY 200 LARCH CIR NE #101 PALM BAY FL 32905 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Heydinger, Herman 539 Petal Rd NE PALM BAY, FL 32907 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Treasurer
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 I am empowered.

SIGNATURE: **Donna L. Loya, Treasurer** DATE **4/23/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #