
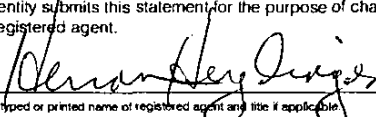
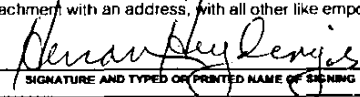


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 21, 2007 8:00 am**  
**Secretary of State**

05-21-2007 90051 030 \*\*\*\*61.25

<b>DOCUMENT # N48337</b> 1. Entity Name: <b>PALM BAY LODGE NUMBER 2766 OF THE BENEVOLENT AND PROTECTIVE ORDER OF ELKS OF THE UNITED STATES A</b>					
Principal Place of Business <b>1155 MALABAR RD SUITES 1 AND 2 PALM BAY, FL 32907</b>			Mailing Address <b>PO BOX 100046 PALM BAY, FL 32910 US</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>CASALE, ROBERT 750 HUROLE AVE PALM BAY, FL 32907</b>				7. Name and Address of New Registered Agent Name <b>Herman Heydinger</b> Street Address (P.O. Box Number is Not Acceptable) <b>539 Petal Road, NE</b> City <b>Palm Bay</b> <b>FL</b> Zip Code <b>32907</b>	
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 <b>4/27/07</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P PILOT, EUGENE 59 EMERSON DR NW PALM BAY, FL 32907</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P Carolyn Strickland 838 Carlyle Ave, SE Palm Bay, FL 32909</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TR HEYDINGER, HERMAN 539 PETAL RD NE PALM BAY, FL 32907</b>	<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	<b>T BROWN, DIANNE 281 EDGEWATER AVE SE PALM BAY, FL 32909</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V Michael Marrosu 1121 Daytona Dr., NE Palm Bay, FL 32905</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S KENNEY, LORI 13693 TIDEWELL ST SE PALM BAY, FL 32909</b>	<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	<b>TR LOMBARDO, PAT 156 HURST RD NE PALM BAY, FL 32907</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D William Lathrope 147 Bayamo Ave, NE Palm Bay, FL 32907</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TR CHRISTY, CHARLES 298 JARO ST NE PALM BAY, FL 32907</b>	<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 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.					
<b>SIGNATURE:</b> 			<b>4/27/07</b> <b>321-727-5263</b> <small>Date Daytime Phone #</small>		