

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 23, 2003 8:00 am
Secretary of State

07-23-2003 90059 024 ****61.25

0005344

DOCUMENT # N48337

1. Entity Name

**PALM BAY LODGE NUMBER 2766 OF THE BENEVOLENT AND
PROTECTIVE ORDER OF ELKS OF THE UNITED STATES A**



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

4. FEI Number **59-3093089**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CONKLIN, CARL F
2470 HUNTER LANE
MALABAR FL 32950-3565**

Name **CAROLYN STRICKLAND**

Street Address (P.O. Box Number is Not Acceptable)

1245 Palm Bay Rd NE

City **Palm Bay**

FL

Zip Code **32905**

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 *Carolyn B. Strickland*

7-17-03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25**

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 **DS** ☐ Delete
NAME **LYNDE, SHARON-ANN**
STREET ADDRESS **189 FRANTE AVENUE NE**
CITY-ST-ZIP **PALM BAY FL 32907-3140**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **D** ☒ Delete
NAME **CONKLIN, CARL F**
STREET ADDRESS **2470 HUNTER LANE**
CITY-ST-ZIP **MALABAR FL 32950-3565**

TITLE ☐ Change ☐ Addition
NAME **CAROLYN B. STRICKLAND**
STREET ADDRESS **1245 Palm Bay Rd B00101**
CITY-ST-ZIP **Melbourne, FL, 32905**

TITLE **D** ☐ Delete
NAME **PETERS, PEGGY**
STREET ADDRESS **486 WARD AVENUE SW**
CITY-ST-ZIP **PALM BAY FL 32908-3509**

TITLE ☒ Change ☐ Addition
NAME **200 LARCH CIR NE #101**
STREET ADDRESS **PALM BAY FL 32905**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *PEGGY PETERS*

**321-
July 17, 2003 723-0441**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CF2E037 (4/03)