

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49706

FILED
Mar 27, 2007
Secretary of State

Entity Name: THE ELKS CLUB OF ST. AUGUSTINE, INC.

Current Principal Place of Business:

P.O. DRAWER 238
ST. AUGUSTINE, FL 320850238 US

New Principal Place of Business:

Current Mailing Address:

P.O. DRAWER 238
ST. AUGUSTINE, FL 320850238 US

New Mailing Address:

FEI Number: 59-0231573

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHIPLEY, PATRICK
503 A ST.
SAINT AUGUSTINE, FL 32084 US

Name and Address of New Registered Agent:

SHIPLEY, PATRICK
503 A ST.
SAINT AUGUSTINE, FL 32080 US

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:

03/27/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WISE, LOUIS
Address: SHORE DR.
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: D () Delete
Name: SKOWRON, MICHAEL J
Address: 71 BRUSHWOOD LANE
City-St-Zip: PALM COAST, FL

Title: PD () Delete
Name: SHIPLEY, PATRICK
Address: 503 A STREET
City-St-Zip: ST. AUGUSTINE, FL

Title: D () Delete
Name: LEE, DAVID
Address: 3250 CROSS CREEK PLACE
City-St-Zip: ST. AUGUSTINE, FL

Title: STD () Delete
Name: DEAN, JAMES
Address: 3140 VICTORIA DRIVE
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: VPD () Delete
Name: ROBINSON, ALBERT E.
Address: 2546 SHORE DR
City-St-Zip: ST. AUGUSTINE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: WISE, LOUIS
Address: SHORE DR.
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: SHIPLEY, PATRICK
Address: 503 A STREET
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: D (X) Change () Addition
Name: KERSHNER, ROBERT
Address: 611 AUGUSTA CIRCLE
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: BAILEY, KEITH
Address: 5512 CYPRESS LINKS BLVD
City-St-Zip: ST. AUGUSTINE, FL 32033

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JAMES DEAN

STD

03/27/2007

Electronic Signature of Signing Officer or Director

Date