

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49706

FILED  
Apr 17, 2008  
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 32080 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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 32080

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

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: D (X) Change ( ) Addition  
Name: MASTERS, KARL B  
Address: 5354 RIVERVIEW DR  
City-St-Zip: ST AUGUSTINE, FL 32080

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

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

Title: TD (X) Change ( ) Addition  
Name: DEAN, JAMES  
Address: 3140 VICTORIA DRIVE  
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: DS (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 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 P DEAN

TD

04/17/2008

Electronic Signature of Signing Officer or Director

Date