

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49706

FILED
Mar 09, 2009
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: MASTERS, KARL B
Address: 5354 RIVERVIEW DR
City-St-Zip: ST AUGUSTINE, FL 32080

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

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

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

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

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

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

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 DEAN

TD

03/09/2009

Electronic Signature of Signing Officer or Director

Date