

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49706

FILED  
Mar 09, 2012  
Secretary of State

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

**Current Principal Place of Business:**

1320 A1A SOUTH  
ST. AUGUSTINE, FL 32080 US

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 23-7005557

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  
Name: WISE, LOUIS  
Address: SHORE DR.  
City-St-Zip: SAINT AUGUSTINE, FL 32086

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

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

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

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

Title: DS  
Name: BEAL, TED  
Address: 52 COQUINA AVE  
City-St-Zip: ST. AUGUSTINE, FL 32080

I hereby 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 all other like empowered.

SIGNATURE: JAMES DEAN

DT

03/09/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date