


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2005 8:00 am
Secretary of State

03-16-2005 90044 047 ****61.25

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DOCUMENT # N93000000298					
1. Entity Name VENICE NOKOMIS ELKS LODGE #1854 CORP.					
Principal Place of Business 119 E VENICE AVE. VENICE, FL 34285			Mailing Address POST OFFICE BOX 641 VENICE, FL 34284-0641		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
6. Name and Address of Current Registered Agent JONES, BRUCE 275 E. MISSION TRAIL W VENICE, FL 34292				7. Name and Address of New Registered Agent Name Virginia Miller Street Address (P.O. Box Number is Not Acceptable) 1211 Capri Isle Blvd, #59 City Venice FL Zip Code 34292	
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 Virginia Miller, Secretary <i>Virginia Miller</i> 3/12/05 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2005			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D	<input type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUTCHINSON, DANIEL		NAME	Jones, Bruce	
STREET ADDRESS	494 SANDRIFT DRIVE		STREET ADDRESS	275 E. Mission Trail W.	
CITY-ST-ZIP	VENICE, FL		CITY-ST-ZIP	Venice, FL 34292	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLINS, ROBERT		NAME		
STREET ADDRESS	622 WATERWAY		STREET ADDRESS		
CITY-ST-ZIP	VENICE, FL 34285		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALEXANDER, PETER		NAME	Zahorsky, Robert	
STREET ADDRESS	2417 HERMITAGE BLVD		STREET ADDRESS	5285 Simark St.	
CITY-ST-ZIP	VENICE, FL		CITY-ST-ZIP	North Port, FL 34287-2810	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHILLIPI, GENE		NAME		
STREET ADDRESS	119 EAST VENICE AVE		STREET ADDRESS		
CITY-ST-ZIP	VENICE, FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHILIPPI, EUGENE		NAME		
STREET ADDRESS	5200 DENSAR RD. NE		STREET ADDRESS		
CITY-ST-ZIP	NORTH PORT, FL 342872834		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>Daniel Hutchinson</i> D. Hutchinson 3/14/2005 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					