2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2008 8:00 am
Secretary of State
02-12-2008 90013 032 ****61.25

DOCUMENT # N93000004479

1. Entity Name

FT. PIERCE LODGE, 1520, BENEVOLENT AND PROTECTIVE ORDER OF ELKS OF THE UNITED STATES

Principal Place of Business	Mailing Address
651 FEDERAL HIGHWAY FT PIERCE FL 34948	P.O. BOX 3749 FT. PIERCE FL 34948-3749

1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-0250528 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JOHNSON, JAMES W 1508 FLORIDA AVENUE FORT PIERCE FL 34951	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 James W. Johnson JAMES W. JOHNSON 2-1-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOHNSON, JAMES W 1508 FLORIDA AVE FORT PIERCE FL 34950	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~FLORIDA, JOHN~~ 133 NE SURFSIDE AVE PORT ST LUCIE FL 34983	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition D JOHN REITZ 5614 KILLARNEY AVE FORT PIERCE, FL 34951
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HENRY, JOHN D 2021 SUNRISE BLVD FT. PIERCE FL 34950	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FOWLER, DAVID M 436 PENNINSULVA DR FT PIERCE FL 34946	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MOORE, DANNIE C 2007 S EDWARDS RD FT. PIERCE FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition D KENNETH CARRIER 238 BERMUDA BEACH DR. FORT PIERCE, FL 34949
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CASTLE, KENNETH 2512 SOUTH 13TH STREET FT. PIERCE FL 34982	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: John Reitz 1/31/08 772-465-9911