

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000015

FILED
Jun 03, 2006
Secretary of State

Entity Name: ARCADIA LODGE, NUMBER 1524, BENEVOLENT AND PROTECTIVE ORDER OF ELKS OF THE UNITED STATES OF AMERICA, INC.

Current Principal Place of Business:

1028 WEST OAK STREET
ARCADIA, FL 34266

New Principal Place of Business:

Current Mailing Address:

1028 WEST OAK STREET
ARCADIA, FL 34266

New Mailing Address:

FEI Number: 65-0478967 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

KEENE, KEITH
615 W. EFFIE STREET
ARCADIA, FL 34266 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: DURRANCE, KEVIN
Address: 303 E. IMOGENE
City-St-Zip: ARCADIA, FL 34266

Title: T () Delete
Name: SELWYN, JEAN MARIE
Address: 1028 W OAK STREET
City-St-Zip: ARCADIA, FL 34266

Title: D () Delete
Name: BISHOP, DAVID
Address: PO BOX 110
City-St-Zip: ARCADIA, FL 34265

Title: D () Delete
Name: GAUSE, CARL
Address: 2462 SW THIGPEN AVE.
City-St-Zip: ARCADIA, FL 34266

Title: S () Delete
Name: KEENE, KEITH
Address: 615 WEST EFFIE STREET
City-St-Zip: ARCADIA, FL

Title: D () Delete
Name: BURNS, BRIAN T
Address: 3662 N.W. CNTY RD. 661
City-St-Zip: ARCADIA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ANDERSON, TOM
Address: 303 E. IMOGENE
City-St-Zip: ARCADIA, FL 34266

Title: T (X) Change () Addition
Name: WILSON, BRENDA
Address: 1028 W OAK STREET
City-St-Zip: ARCADIA, FL 34266

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

Title: D (X) Change () Addition
Name: GAUSE, CARL
Address: 1028 W OAK STREET
City-St-Zip: ARCADIA, FL 34266

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 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: KEITH KEENE

S

06/03/2006

Electronic Signature of Signing Officer or Director

Date