2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 09, 2002 8:00 am Secretary of State DOCUMENT # N9400004290 J.A.NOTTAGE ELK LODGE #660, NOTTAGE ELK TEMPLE # 05-09-2002 90054 038 ****61.25 Principal Place of Business Mailing Address 828 MOODY ROAD P O BOX 1056 PALATKA FL 32177 EAST PALATKA FL 32131 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3297923 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) CUNNINGHAM, ERNESTINE 1000 OLD GAINESVILLE HWY INTERLACHEN FL 32148 City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: FEE IS \$61,25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. ☐ Delete TITLE ■ Addition CASON, LECINDA NAME NAME STREET ADDRESS 3801 SST JOHNS AVE #55 STREET ADDRESS CITY-ST-ZIP PALATKA FL 32177 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME BARNER, WILSON NAME STREET ADDRESS 411 NORTH 14TH STREET STREET ADDRESS CITY-ST-ZIP PALATKA FL 32177 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME **CUNNINGHAM, ERNESTINE** NAME STREET ADDRESS RTE. 3 BOX 161 STREET ADDRESS CITY-ST-ZIP INTERLACHEN FL 32148 CITY-ST-ZIP TITLE Delete TITLE Change Simmons, Tony Izor Kirby Stree ☐ Addition COOPER, SYLVIA NAME STREET ADDRESS 1800 OCEAN STREET STREET ADDRESS CITY-ST-ZIP PALATKA FL 32177 CITY-ST-ZIF Palatia, F1 32177 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition

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

NAME

STREET ADDRESS

SIGNATURE

NAME

STREET ADDRESS

GNING OFFICER OR DIRECTOR