

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004290

FILED  
Jun 25, 2006  
Secretary of State

**Entity Name:** J.A.NOTTAGE ELK LODGE #660, NOTTAGE ELK TEMPLE #484, INC.

**Current Principal Place of Business:**

828 MOODY ROAD  
PALATKA, FL 32177

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 1056  
EAST PALATKA, FL 32131

**New Mailing Address:**

**FEI Number:** 59-3297923      **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:**

CUNNINGHAM, ERNESTINE  
1000 OLD GAINESVILLE HWY  
INTERLACHEN, FL 32148 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: DT ( ) Delete  
Name: CASON, LECINDA  
Address: 3801 SST JOHNS AVE #55  
City-St-Zip: PALATKA, FL 32177

Title: D ( ) Delete  
Name: SIMMONS, TONY  
Address: 2420 SILVERLAKE DR  
City-St-Zip: PALATKA, FL 32177

Title: D ( ) Delete  
Name: CUNNINGHAM, ERNESTINE  
Address: RTE. 3 BOX 161  
City-St-Zip: INTERLACHEN, FL 32148

Title: S ( ) Delete  
Name: THOMAS, TIMOTHY  
Address: 703 N. 11TH ST.  
City-St-Zip: PALATKA, FL 32177

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DT (X) Change ( ) Addition  
Name: CASON, LECINDA  
Address: 3801 SAINT JOHNS AVE #55  
City-St-Zip: PALATKA, FL 32177

Title: D (X) Change ( ) Addition  
Name: MCGEE, BILLIE  
Address: 824 OLIVE STREET  
City-St-Zip: PALATKA, FL 32177

Title: D (X) Change ( ) Addition  
Name: CUNNINGHAM, ERNESTINE  
Address: 1000 OLD GAINESVILLE HIGHWAY  
City-St-Zip: INTERLACHEN, FL 32148

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: LECINDA CASON

DT

06/25/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date