

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90352 003 ****61.25

DOCUMENT # N94000004290

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



Principal Place of Business
**828 MOODY ROAD
PALATKA FL 32177**

Mailing Address
**P O BOX 1056
EAST PALATKA FL 32131**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3297923**

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

**CUNNINGHAM, ERNESTINE
1000 OLD GAINESVILLE HWY
INTERLACHEN FL 32148**

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 *Ernestine Cunningham*

(NOTE: Registered Agent signature required when reinstating)

4-15-03
DATE

FILE NOW: FEE IS \$61.25

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	DT CASON, LECINDA 3801 SST JOHNS AVE #55 PALATKA FL 32177	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARNER, WILSON 411 NORTH 14TH STREET PALATKA FL 32177	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CUNNINGHAM, ERNESTINE RTE. 3 BOX 161 INTERLACHEN FL 32148	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SIMMONS, TONY 1201 KIRBY STREET PALATKA FL 32177	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

GMAC
FINANCIAL SERVICES

** PLEASE Note:
The Registered agent
signed in error. It
is still the same.*

Securix Corp

<http://www.gmacfs.com>

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: *LECINDA CASON*

4/15/03

(386) 325-7841

CR2E037 (10/02)