

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90307 048 \*\*\*\*70.00

**DOCUMENT # N95000000817**

1. Entity Name  
**TARPON SPRINGS BPO ELKS LODGE #1719, INC.**



Principal Place of Business  
**237 SOUTH PINELLAS AVENUE  
TARPON SPRINGS, FL 34689**

Mailing Address  
**P.O. BOX 447  
TARPON SPRINGS, FL 34688-0447**

00012003



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01112006

Chg-NP

CR2E037 (11/05)

4. FEI Number  
**59-0662830**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**LEMON, DENISE  
237 S PINELLAS AVE  
TARPON SPRINGS, FL 34689**

7. Name and Address of New Registered Agent

Name  
**AL PIANO**

Street Address (P.O. Box Number is Not Acceptable)  
**237 S. PINELLAS AVE.**

City **TARPON SPRINGS** FL Zip Code **34689**

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 *Al PIANO* **AL PIANO** 4/4/06  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

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

TITLE **SD** ☒ Delete  
NAME **LEMON, DENISE**  
STREET ADDRESS **P.O BOX 1062**  
CITY-ST-ZIP **TARPON SPRINGS, FL 346881062**

TITLE **TD** ☒ Delete  
NAME **PAULK, SHARON**  
STREET ADDRESS **PO BOX 2734**  
CITY-ST-ZIP **TARPON SPRINGS, FL 34688**

TITLE **PD** ☒ Delete  
NAME **MCCOY, ALFRED**  
STREET ADDRESS **39650 US HWY 19 N.**  
CITY-ST-ZIP **TARPON SPRINGS, FL 34689**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SD** ☐ Change ☒ Addition  
NAME **AL PIANO**  
STREET ADDRESS **3172 CYPRESS GREEN DR.**  
CITY-ST-ZIP **PALM HARBOR FL 34684**

TITLE **TD** ☐ Change ☒ Addition  
NAME **RICK NALL**  
STREET ADDRESS **3933 DARIO AVE**  
CITY-ST-ZIP **NEW PORT RICHEY, FL 34655**

TITLE **PD** ☐ Change ☒ Addition  
NAME **JOHN M. FARRAR**  
STREET ADDRESS **74 HIGHLAND RD**  
CITY-ST-ZIP **TARPON SPRINGS, FL 34689**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 M. Farrar* **JOHN M. FARRAR PD** 4/4/06 727 937 1431  
Signature, typed or printed name of signing officer or director Date Daytime Phone #