2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

DOCUMENT # N9500000967

1. Entity Name

WINTER GARDEN LODGE NUMBER 2165 OF THE



FILED Aug 02, 2005 8:00 am Secretary of State

08-02-2005 90036 024 ****61.25

BENEVOL	LENT AND PROTECTIVE OF	DER OF ELKS OF	A 500 TH	LES .				
Principal Place of Business		Mailing Address						
700 S. 9TH ST. WINTER GARDEN FL 34787		700 S. 9TH ST. WINTER GARDEN FL 34787						
2. Principal Place of Business		3. Mailing Address				II EBIM BUU BBIII BB	11 4 18118 83111 188	MAT AT LASI
Suite, Apt. #, etc.		Suite, Apt. #, etc.			2nd MOORE	CR2E037	(5/05)	
City & State		City & State		•	4. FEI Number 59-607225	i1	→	plied For t Applicable
Zip	Country	Zip Country			5. Certificate of Status Desired		8.75 Add	
	6. Name and Address of Current	Registered Agent	Registered Agent		7. Name and Address of New Registered Agent			
PELAQUIN, RUSS 2022 OPERC DRIVE WINTER GARDEN FL 34787				Name MIKE JERNIGAN Street Address (P.O. Box Number is Not Acceptable) 327 HARRIS RD				
			City	OCOEE		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 obligati	ions of registered age/ti.	•						` }
SIGNATURE Signature, typed or printed name of egistered agent and life if explicable (NOTE Registered Agent signature required when reinstating) DATE								
		7 7 9		·····		76. 1. 4		
FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Due By September 7, 2005 1. Trust Fund Contribution. 9. Election Campaign Financing Added to Fees Florida Department of State								
10.	D OFFICERS AND DIE	RECTORS	11.	AD	DITIONS/CHANGES TO OFFIC	ERS AND DIRE	CTORS IN	10
TITLE NAME STREET ADDRESS CITY+ST-ZIP	BROWNING, BOB 1214 MEADOWFINCH DRIVE WINTER GARDEN FL 34787 D	⊠ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	516	Warren GRAND ROYAL C ER GARDEN, FL	IR.	C hange	[' Addilion
TITLE NAME STREET ADDRESS CHTY-ST-ZIP	BOWDEN, WILLIAM PO BOX 770861 WINTER GARDEN FL	. 😡 Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5703	LIE CRANE WESTVIEW DR. NDO, FL 32810		Č Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ARMSTRONG, ALICE 809 FLEWELLING OCOEE FL 34761 T	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	•			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARTIN, LOU PO BOX 683 OCOEE FL 34761 S	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	☐ Addition
TITLE HAME STREET ADDRESS CITY-ST-ZIP	VALLANCE, SHARON 1301 CENTER STREET OCOEE FL 34761 D	⊠ Delete	TITLE NAME *STREET ADDRESS CHTY-SI-ZIP	320	SMITH CINNAMON BARK NDO, FL 32835		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SORENSON, DAVE 6628 LAGOON STREET WINDERMERE FL 34786	∑X Delete	THE NAME STREET ADDRESS CITY-ST-ZIP	308	WALLICK E. GENEVA ST. E., FL 34761		∠ Change	Addition

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: _

L STAN SHITH SECRETARY

Daytime Phone #