FILED
Apr 26, 2004 8:00 am
Secretary of State

04-01-2004 90032 025 ****61.25

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N95000002364

1. Entity Name
HOLLEY NAVARRE LODGE NO. 2787 OF THE BENEVOLENT AND PROTECTIVE ORDER OF ELKS OF THE UNITED STATE

66414968

Principal Place of Business	Mailing Address
2002 ELKS WAY NAVARRE, FL 32566-2108 US	P.O. BOX 5387 NAVARRE, FL 32566-0387

03012004 Chg-NP CR2E037 (10/03)

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 59-3311842 ☐ 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
HARPER, DAISY S 2717 MOILAND PARK DR PENSACOLA, FL 32526	Name ~~HERRIMAN GEORGE A.~~ Street Address (P.O. Box Number is Not Acceptable) ~~7112 WELLS AVE.~~ ~~NAVARRE FL. 32566-9733~~ 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 Dale C. Jackson 18 APR-04 Dale C. Jackson 26-MARCH-04
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, 2004	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	T WHITE, JAMES L 1794 THRESHER DR GULF BREEZE, FL 32566	☐ Delete	TITLE T NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition WHITE JAMES L. 1794 THRESHER DR. NAVARRE FL. ~~GULF BREEZE FL. 32566-7567~~
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S JACKSON, DALE C 2538 ANDORRA ST GULF BREEZE, FL 32566	☐ Delete	TITLE S NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition GARY ~~&~~ FORESTER Gary L. Forester 6825 TIDEWATER DR. NAVARRE FL. 32566-7430
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MILLER, RICHARD 1509 MARIMACK GULF BREEZE, FL 325612831	☐ Delete	TITLE V.P. NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition PATSY BUGG 4861 SOUNDSIDE DR. GULF BREEZE, FL. 32561- 8917
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FORESTER, GARY 6825 TIDEWATER DR NAVARRE, FL 325667430	☐ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition PAMELA WEEKS 2604 AVENIDA DE SOL ~~NAVARRE, FL. 32566-9313~~
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BEAM, BRENDA 1509 MARIMACK GULF BREEZE, FL 325612831	☐ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition ANTHONY VITIELLO 5792 DUNBAR CR. MILTON FL. 32583-2854
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TC MASE, RICHARD 2484 CRESCENTWOOD RD NAVARRE, FL 325661225	☐ Delete	TITLE T.C. NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition BILLY REX WEEKS 2604 AVENIDA DE SOL ~~NAVARRE FL. 32566-9313~~

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: Dale C. Jackson 26 March-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

George A. Herriman 18 APR. 04