

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State

03-25-2005 90036 034 ****61.25

DOCUMENT # N95000002364					
1. Entity Name HOLLEY NAVARRE LODGE NO. 2787 OF THE BENEVOLENT AND PROTECTIVE ORDER OF ELKS OF THE UNITED STATE					
Principal Place of Business 2002 ELKS WAY NAVARRE, FL 32566-2108 US			Mailing Address P.O. BOX 5387 NAVARRE, FL 32566-0387		
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	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent HERRIMAN, GEORGE A 7112 WELLS AVE. NAVARRE, FL 32566-9733				7. Name and Address of New Registered Agent Name B-2-G- Patsy A Street Address (P.O. Box Number is Not Acceptable) 4861 SOUNDSIDE DR. City GULF BREEZE FL 32563-8917	
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 <u><i>Patsy A Bugg - Patsy A Bugg</i></u> DATE <u>3-14-04</u> Signature, typed or printed name of registered agent and if not applicable (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2005		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	T	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	WHITE, JAMES L		NAME		
STREET ADDRESS	1794 THRESHER DR		STREET ADDRESS		
CITY-ST-ZIP	NAVARRE, FL 32567567		CITY-ST-ZIP		
TITLE	S	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	JACKSON, DALE C		NAME		
STREET ADDRESS	2538 ANDORRA ST		STREET ADDRESS		
CITY-ST-ZIP	GULF BREEZE, FL 32566		CITY-ST-ZIP		
TITLE	VP	☒ Delete	TITLE	☐ Change	☒ Addition
NAME	MILLER, RICHARD		NAME	VANDYKE JR, FREDIE	
STREET ADDRESS	1509 MARIMACK		STREET ADDRESS	1980 SPARROW LN	
CITY-ST-ZIP	GULF BREEZE, FL 325612831		CITY-ST-ZIP	NAVARRE FL 32566-8554	
TITLE	S	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	FORESTER, GARY L		NAME		
STREET ADDRESS	6825 TIDEWATER DR		STREET ADDRESS		
CITY-ST-ZIP	NAVARRE, FL 325667430		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☒ Change	☐ Addition
NAME	BEAN, BRENDA		NAME	BEAN	
STREET ADDRESS	1509 MARIMACK		STREET ADDRESS		
CITY-ST-ZIP	GULF BREEZE, FL 325612831		CITY-ST-ZIP		
TITLE	TC	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	MASE, RICHARD		NAME		
STREET ADDRESS	2484 CRESCENTWOOD RD		STREET ADDRESS		
CITY-ST-ZIP	NAVARRE, FL 325661225		CITY-ST-ZIP		
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: <u><i>Patsy A Bugg - Patsy A Bugg</i></u>			DATE: <u>3/14/04</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE		

Secretary