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

Mailing Address

DOCUMENT # N9500002364

1. Entity Name

Principal Place of Business

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



FILED Apr 10, 2003 8:00 am Secretary of State

04-10-2003 90113 033 ****61.25

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2002 ELRS WAY P.O. BOX 538 NAVARRE FL 32566-2108 NAVARRE FL US				DX 5387 RE FL 32566-0387							 	 		
2. Principal Place of Business 3. Ma			ailing Address											
Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES						
City & State City				y & State ·			. 4	4. FEI Number 59-3311842 Applied For Not Applicable						
Zip		Country	Ziŗ		ntry		5. Certificate of Status Desired					litional d		
	6. Name	and Address of Current I	Registere	d Agent	ν,	./	7	7. Na	me and Addre	ss of New I	Registered /	\gent		
						Name								
HARPER, DAISY S 2717 MOILAND PARK DR PENSACOLA FL 32526				į	Street A	ddress (P.C								
					•	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 Signature, typed or priviled name of registered agent and title (lapplicable. (NOTE: Registered Agent signature required when reinstating) DATE														
FILE NOW: FEE IS \$61.25				·	9. Election Campaign Financing Trust Fund Contribution.				May Be to Fees			c Payable t tment of S		
10.		OFFICERS AND DIF	ECTORS		11.		ADI	DITIO	NS/CHANGES	TO OFFICE	ERS AND DII	RECTORS IN	10	
TITLE .	T			☐ Delete	TITLE							☐ Change	Addition	
NAME .	WHITE, JA	IITE, JAMES L			NAME								J	
STREET ADDRESS					STREE	T ADDRESS							}	
CITY-ST-ZIP	GULF BRE	EZE FL 32566			CITY-	ST-ZIP							Í	
TITLE	S	. Delete T						·				☐ Change	☐ Addition	
NAMÉ	JACKSON	, DALE C			NAME							•		
STREET ADDRESS	,					T ADDRESS		_			ــ ــ		Į.	
CITY-ST-ZIP	GULF BRE	EZE FL 32566	_ 4		CITY-	ST-ZIP		-			7-50	· · ·		
TITLE	VP			■ Delete	TITLE		VP					Change	☐ Addition	
NAME	LYNN, MA	RY C		-	NAME		RIC	HAE	RD MILL	ER				
STREET ADDRESS	4860 SOU	NDSIDE DR			STREE	T ADDRESS	150	9 N	RD MILL MARIMAC	!K				
CITY-ST-ZIP	GULF BRE	EZE FL 32561			CITY-	ST-ZIP	GUL	FBE	REEZE,	FL. 3	2561-	2831		
TITLE	D			☑ Delete	TITLE		D					Change	Addition	
NAME	POULTER,	Kenneth e			NAME		FORE	STI	ER GARY	•				
STREET ADDRESS	4900 SOU	NDSIDE OR			STREE	T ADDRESS								
CITY-ST-ZIP	GULF BRE	EZE FL 32561			CITY-	ST-ZIP	ŇĀVĀ	RRE	DEWATE FL 3	2566-	7430			
TITLE	D			□XI Delete	TITLE		D.r					☐ Change	☐ Addition	
NAME	ZIONCZKO)wski, mark a			NAME				BRENDA					
STREET ADDRESS	8155 SEG	ura st			STREE	T ADDRESS			MARIMA		•		l	
CITY-ST-ZIP	NAVARRE	FL 32566	·		CITY-	ST-ZIP		JF	BREEZE	, FL.	32561	<u>2831</u>		
TITLE	TC			Delete	TITLE		TC					☐ Change	☐ Addition	
NAME	ALLEN, LE				NAME		MĀS	SE	RICHAR	D "				
STREET ADDRESS	10009 CA	lle de celestino			STREE	T ADDRESS	248	34	CRESEN	TWOOD	RD.			
CITY-ST-ZIP	PENSAC ₀	LA FL 32566-8978			CITY-	ST-ZIP	NAV	/AR	RE FL.	3256	6-1225	<u>; </u>		

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: