

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 17, 2005 8:00 am**  
**Secretary of State**

02-17-2005 90017 002 \*\*\*\*61.25

**DOCUMENT # N96000004146**

1. Entity Name  
**LADY LAKE LODGE, NO. 2793 BENEVOLENT AND  
PROTECTIVE ORDER OF ELKS OF THE UNITED STATES  
OF AMERIC**



Principal Place of Business  
**P. O. BOX 0460  
LADY LAKE, FL 32158-0460**

Mailing Address  
**P. O. BOX 0460  
LADY LAKE, FL 32158-0460**

**40013443**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01272005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**59-3354320**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**MILLHORN, MICHAEL D ESQ.  
13710 US HWY 441  
LADY LAKE, FL 32159**

Name

Street Address (P.O. Box Number is Not Acceptable)

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 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, 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

TITLE ☐ Delete  
NAME **T**  
STREET ADDRESS **SANDY, AL**  
CITY-ST-ZIP **432 ALDAMA AVE.  
LADYLAKE, FL 32159**

TITLE ☐ Delete  
NAME **ER**  
STREET ADDRESS **REYLEA, DAVID**  
CITY-ST-ZIP **9672 SE 171ST ARGYLE ST.  
THE VILLAGES, FL 32162**

TITLE ☐ Delete  
NAME **SEC**  
STREET ADDRESS **WILEY, RALPH**  
CITY-ST-ZIP **9034 SE 135TH LOOP  
SUMMERFIELD, FL 34491**

TITLE ☐ Delete  
NAME **T**  
STREET ADDRESS **KAVANAUGH, RYMOND**  
CITY-ST-ZIP **210 MODESTO RD.  
LADY LAKE, FL 32159**

TITLE ☐ Delete  
NAME **T**  
STREET ADDRESS **MCCARTHY, ROBERT**  
CITY-ST-ZIP **2612 AYALA WAY  
LADY LAKE, FL 321590107**

TITLE ☒ Delete  
NAME **T**  
STREET ADDRESS **SHAFFER, D.R.**  
CITY-ST-ZIP **246 JUARGE WAY  
LADY LAKE, FL 32159**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE ☐ Change ☒ Addition  
NAME **T**  
STREET ADDRESS **WILLIAM B. BOOKIN**  
CITY-ST-ZIP **17595 SE 106th TER  
SUMMERFIELD, FL 34491**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/14/05**

Date

**352-347-2205**

Daytime Phone #