



**FILED**  
**Feb 28, 2008 8:00 am**  
**Secretary of State**

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<b>DOCUMENT # N96000004146</b>				<b>Secretary of State</b> 02-28-2008 90018 011 ****61.25	
1. Entity Name <b>LADY LAKE LODGE, NO. 2793 BENEVOLENT AND PROTECTIVE ORDER OF ELKS OF THE UNITED STATES OF AMERICA</b>					
Principal Place of Business P. O. BOX 0460 LADY LAKE, FL 32158-0460		Mailing Address P. O. BOX 0460 LADY LAKE, FL 32158-0460		<b>40055037</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02212008 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number 59-3354320	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>MILLHORN, MICHAEL D ESQ.</b> <b>13710 US HWY 441</b> <b>LADY LAKE, FL 32159</b>				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make check payable to: Florida Department of State</b>	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CONNOLLY, PATTY 33922 PICCIOLA DR FRUITLAND PARK, FL 34231 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	EXHAUSTED RULER DON DIAMANT P.O. Box 0460 LADY LAKE, FL 32158 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HERMAN, WAYNE 1312 PEDRO CT LADY LAKE, FL 32159 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUSTEE JOHN ROPE P.O. Box 0460 LADY LAKE, FL 32158 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC WILEY, RALPH 9034 SE 135TH LOOP SUMMERFIELD, FL 34491 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUSTEE JOHN ANDRUSO P.O. Box 0460 LADY LAKE, FL 32158 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WIST, SMOKEY 16820 SE 85TH BELKNAP LADY LAKE, FL 32162 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY LINDA FLAT P.O. Box 0460 LADY LAKE, FL 32158 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCCARTHY, ROBERT 2612 AYALA WAY LADY LAKE, FL 321590107 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BOOKIN, WILLIAM B 17595 SE 106TH TERR SUMMERFIELD, FL 34491 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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>Don Diamant</u> <u>Don Diamant</u> 2/25/08 352-267-0760					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					