

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004146

FILED
Mar 25, 2009
Secretary of State

Entity Name: LADY LAKE LODGE, NO. 2793 BENEVOLENT AND PROTECTIVE ORDER OF ELKS OF THE UNITED STATES OF AMERICA, INC.

Current Principal Place of Business:

P. O. BOX 0460
LADY LAKE, FL 321580460

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 0460
LADY LAKE, FL 321580460

New Mailing Address:

FEI Number: 59-3354320

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: CONNOLLY, PATTY
Address: 33922 PICCIOLA DR
City-St-Zip: FRUITLAND PARK, FL 34231

Title: T () Delete
Name: HERMAN, WAYNE
Address: 1312 PEDRO CT
City-St-Zip: LADY LAKE, FL 32159

Title: TR () Delete
Name: AMOROSO, JOHN
Address: PO BOX 0460
City-St-Zip: LADY LAKE, FL 32158

Title: S () Delete
Name: FLAX, LINDA
Address: PO BOX 0460
City-St-Zip: LADY LAKE, FL 32158

Title: ER () Delete
Name: DIAMANT, DON
Address: PO BOX 0460
City-St-Zip: LADY LAKE, FL 32158

Title: T () Delete
Name: POPE, JOHN
Address: PO BOX 0460
City-St-Zip: LADY LAKE, FL 32158

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TR (X) Change () Addition
Name: AMOROSO, JOHN
Address: PO BOX 0460
City-St-Zip: LADY LAKE, FL 32158

Title: S (X) Change () Addition
Name: FLAX, LINDA S
Address: PO BOX 0460
City-St-Zip: LADY LAKE, FL 32158

Title: ER (X) Change () Addition
Name: WIST, UWE H
Address: PO BOX 0460
City-St-Zip: LADY LAKE, FL 32158

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA S. FLAX

SECY

03/25/2009

Electronic Signature of Signing Officer or Director

Date