

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005329

FILED  
Apr 22, 2009  
Secretary of State

**Entity Name:** BENEVOLENT AND PROTECTIVE ORDER OF ELKS OF THE UNITED STATES OF AMERICA, PLANT CITY LODGE NO. 1727, INC.

**Current Principal Place of Business:**

1501 ALEXANDER STREET NORTH  
PLANT CITY, FL 33566 US

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 836  
PLANT CITY, FL 33564 US

**New Mailing Address:**

**FEI Number:** 59-0671725

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SMITH, MICHAEL F  
C/O HEALTH GROUP BENEFITS, INC.  
110 W REYNOLDS ST  
PLANT CITY, FL 33563 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: D ( ) Delete  
Name: LABARBERA, FRANK  
Address: PO BOX 1395  
City-St-Zip: PLANT CITY, FL 335641395

Title: D ( ) Delete  
Name: LYONS, ERNEST G  
Address: PO BOX 836  
City-St-Zip: PLANT CITY, FL 335640836

Title: S ( ) Delete  
Name: SPIVEY, WILLIAM  
Address: 2605 EAGLE GREENS DR  
City-St-Zip: PLANT CITY, FL 335669318

Title: D ( ) Delete  
Name: SPRINGER, MARION T  
Address: 13831 HWY 92 EAST  
City-St-Zip: DOVER, FL 335273805

Title: D ( ) Delete  
Name: BROWNLEE, CARL  
Address: 1446 WALDEN OAKS PL  
City-St-Zip: PLANT CITY, FL 335636875

Title: T ( ) Delete  
Name: BENNETT, BARBARA B  
Address: 502 E VIRGINIA AVE  
City-St-Zip: PLANT CITY, FL 335637026

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: YATEX, JERRY  
Address: PO BOX 1395  
City-St-Zip: PLANT CITY, FL 335641395

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

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

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

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

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: BARBARA BENNETT

T

04/22/2009

Electronic Signature of Signing Officer or Director

Date