

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002045

FILED
Mar 18, 2011
Secretary of State

Entity Name: LADIES OF THE ELK #2596, INC.

Current Principal Place of Business:

4631 S.E. 10TH PLACE
CAPE CORAL, FL 33904

New Principal Place of Business:

Current Mailing Address:
C.C. LADIES OF THE ELKS
PO BOX 101703
CAPE CORAL, FL 33910

New Mailing Address:

FEI Number: 59-2221474 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAYNES, JOAN
2209SW 40TH ST
CAPE CORAL, FL 33914 US

Name and Address of New Registered Agent:

CAPEHART, GINGER
172 SAVONA PKWY
CAPE CORAL, FL 33904 US

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: GINGER CAPEHART

03/18/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: CAPEHART, GINGER
Address: 1727 SAVONA PKWY
City-St-Zip: CAPE CORAL, FL 33904

Title: VP
Name: HEPBURN, NANCY
Address: 212 KAMAL PKWY
City-St-Zip: CAPE CORAL, FL 33904

Title: T
Name: PARTSCH, BARBARA
Address: 3727 SE 17TH PLACE
City-St-Zip: CAPE CORAL, FL 33904

Title: S
Name: DAIGLE, BONNI
Address: 3310 SE 6 PL
City-St-Zip: CAPE CORAL, FL 33904

Title: T
Name: NELSON, LINDA
Address: 4203 PELICAN BLVD
City-St-Zip: CAPE CORAL, FL 33914

Title: T
Name: SMITH, PAT
Address: 506 SW 8TH TER
City-St-Zip: CAPE CORAL, FL 33991

I hereby 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 all other like empowered.

SIGNATURE: GINGER CAPEHART

P

03/18/2011

Electronic Signature of Signing Officer or Director

Date