

FILED
Jun 16, 2003 8:00 am
Secretary of State

05-16-2003 90189 019 ****61.25

**2003 NOT-FOR-PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N98000002045
 1. Entity Name
LADIES OF THE ELK #2596, INC.



55048161

Principal Place of Business
**4631 S.E. 10TH PLACE
 CAPE CORAL FL 33904**

Mailing Address
**4631 S.E. 10TH PLACE
 CAPE CORAL FL 33904**

2. Principal Place of Business
Same as above

3. Mailing Address
**C/Ladies of the ELK
 P.O. Box 101703**

City & State
Cape Coral, FL

City & State
Cape Coral, FL

Zip
33904

Country
Lee

Zip
33910

Country

4. FEI Number **59-2221474**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**FUTRAL, LINDA B
 1417 WINDSOR CT
 CAPE CORAL FL 33904**

7. Name and Address of New Registered Agent
 Name **Beverly Schwarz**
 Street Address (P.O. Box Number is Not Acceptable)
238 SE 46th Lane
 City **Cape Coral** FL **33904**

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 *Beverly Schwarz* **5/12/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

FILE NOW: FEE IS \$61.25

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 PD	NAME DERESH, CAROL A	STREET ADDRESS 3530 SABAL SPRINGS BLVD	CITY-ST-ZIP N. FT MYERS FL 33917	Delete
TITLE VPD	NAME FUTRAL, LINDA B	STREET ADDRESS 1417 WINDSOR COURT	CITY-ST-ZIP CAPE CORAL FL 33904	Delete
TITLE SD	NAME BORCHERDING, JUDY	STREET ADDRESS 3902 S.W. 1ST PLACE	CITY-ST-ZIP CAPE CORAL FL 33914	Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE President	NAME Beverly Schwarz	STREET ADDRESS 238 SE 46th Lane	CITY-ST-ZIP Cape Coral, FL 33904	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE Vice President	NAME Ruth Bettencourt	STREET ADDRESS 1302 SE 42nd ST	CITY-ST-ZIP CAPE CORAL FL 33904	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE Recording Secretary	NAME Sori Kofulska	STREET ADDRESS 1825 SE 41st ST 1-C	CITY-ST-ZIP CAPE CORAL FL 33904	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 817, 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: *Beverly Schwarz* **5/12/03** (239)945-4592
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)