

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004009

FILED
Jul 14, 2004
Secretary of State**Entity Name:** CLEWISTON LODGE, NO. 1853, BENEVOLENT AND PROTECTIVE ORDER OF ELKS OF THE
UNITED STATES OF AMERICA, INC.**Current Principal Place of Business:**216 NORTH FRANCISCO STREET
CLEWISTON, FL 33440**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 583
CLEWISTON, FL 33440**New Mailing Address:****FEI Number:** 59-0678875**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**PELHAM, W C JR.
216 NORTH FRANCISCO STREET
CLEWISTON, FL 33440 US**Name and Address of New Registered Agent:**AUSTIN, R S JR.
216 NORTH FRANCISCO STREET
CLEWISTON, FL 33440 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: ROLLIN S AUSTIN

07/14/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** S () Delete
Name: PELHAM, LINDA
Address: 707 HOOVER DIKE RD
City-St-Zip: CLEWISTON, FL 33440**Title:** T () Delete
Name: COCHRAN, ROBERT V
Address: 707 HOOVER DIKE RD, UNIT #402
City-St-Zip: CLEWISTON, FL 33440**Title:** D () Delete
Name: BREAKFIELD, GARY
Address: 500 N FRANCISCO 225
City-St-Zip: CLEWISTON, FL 33440**Title:** D () Delete
Name: ROBINSON, DANNY
Address: 415 DESOTO AVENUE
City-St-Zip: CLEWISTON, FL 33440**Title:** D () Delete
Name: DUCKSTEIN, GEORGE
Address: 707 HOOVER DIKE ROAD
City-St-Zip: CLEWISTON, FL 33440**Title:** D () Delete
Name: NISBET, STEVE
Address: 707 HOOVER DIKE RD UNIT 903
City-St-Zip: CLEWISTON, FL 33440**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****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:** D (X) Change () Addition
Name: AUSTIN, ROLLIN S
Address: PO BOX 46
City-St-Zip: LAKE HARBOR, FL 33459**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: GARY BREAKFIELD

D

07/14/2004

Electronic Signature of Signing Officer or Director

Date