

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004009

**FILED**  
**Apr 19, 2006**  
**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:**

250 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:**

MCDUFFIE, W H  
250 NORTH FRANCISCO STREET  
CLEWISTON, FL 33440 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: 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: TR ( ) Delete  
Name: BREAKFIELD, GARY  
Address: 500 N FRANCISCO 225  
City-St-Zip: CLEWISTON, FL 33440

Title: TR ( ) Delete  
Name: ROBINSON, DANNY  
Address: 415 DESOTO AVENUE  
City-St-Zip: CLEWISTON, FL 33440

Title: TR ( ) Delete  
Name: GATTONE, ROY  
Address: PO BOX 3335  
City-St-Zip: CLEWISTON, FL 33440

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

Title: S (X) Change ( ) Addition  
Name: MARTIN, TINA  
Address: 524 E. SUGARLAND HWY  
City-St-Zip: CLEWISTON, FL 33440

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 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: TINA MARTIN

S

04/19/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date