

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004009

FILED
May 05, 2009
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 ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GATTONE, ROY
250 N FRANSISCO
CLEWISTON, FL 33440 US

Name and Address of New Registered Agent:

ROBINSON, DAVID
250 N FRANSISCO
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: DAVID ROBINSON

05/05/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: MARTIN, TINA
Address: 524 E. OSCEOLA AVE
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: MACK, JOHN
Address: P.O. BOX 583
City-St-Zip: CLEWISTON, FL 33440

Title: TR () Delete
Name: ROBINSON, HAROLD S
Address: PO BOX 583
City-St-Zip: CLEWISTON, FL 33440

Title: TR () Delete
Name: PAIGE, STEVE
Address: P.O. BOX 583
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: () 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: TINA MARTIN

SECR

05/05/2009

Electronic Signature of Signing Officer or Director

Date