

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 719098

Entity Name: APOPKA LODGE, NO. 2422, BENEVOLENT AND PROTECTIVE
ORDER OF ELKS OF THE UNIT**Current Principal Place of Business:**201 WEST ORANGE STREET
APOPKA, FL 32703-4213**Current Mailing Address:**201 WEST ORANGE STREET
APOPKA, FL 32703 US**FEI Number: 59-1317212****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**SCOTT, PATRICIA A.
201 WEST ORANGE STREET
APOPKA, FL 32703 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	ER
Name	GRAYDON, NEIL
Address	175 W. ORANGE STREET
City-State-Zip:	APOPKA FL 32703-4211

Title	SEC.
Name	LABBE, LINDA
Address	826 HILLY BEND DRIVE
City-State-Zip:	APOPKA FL 32712-1737

Title	TREA
Name	SCOTT, PATRICIA A
Address	P.O. BOX 988
City-State-Zip:	SORRENTO FL 32776-0988

Title	D
Name	MAHONEY, LUCIA
Address	550 QUAIL AVENUE
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

Title	D
Name	ROARK, MISTY
Address	47 E. MAGNOLIA STREET
City-State-Zip:	APOPKA FL 32703-4124

Title	D
Name	TURNER, DEBBIE L.
Address	31138 PRESTWICK AVENUE
City-State-Zip:	SORRENTO FL 32776-9262

Title	D
Name	THOMAS, WENDY M.
Address	4446 ORANGEBROOK DRIVE
City-State-Zip:	ORLANDO FL 32810-1910

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: PATRICIA A. SCOTT**TREASURER****04/22/2015**

Electronic Signature of Signing Officer/Director Detail

Date