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Feb 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 701281 (8)
1. Corporation Name
LARGO LODGE #2159, INC. OF THE BENEVOLENT AND PROTECTIVE ORDER OF ELKS OF THE UNITED STATES OF A



Principal Place of Business 810 16TH AVE., S.E. LARGO FL 33771 US	Mailing Address 810 16TH AVE., S.E. LARGO FL 33771 US
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3. Date Incorporated or Qualified 08/06/1960	
4. FEI Number 59-1086859	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business Suite, Apt. #, etc.	22. Mailing Address Suite, Apt. #, etc.
23. City & State	24. City & State
25. Zip	26. Zip
27. Country	28. Country

9. Name and Address of Current Registered Agent

**GREENE, GLENN A.
15425 BRISTOL CIR. E.
CLEARWATER FL 34624
33764**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	EDINGTON, LAWRENCE C.	
STREET ADDRESS	4602 IMPERIAL PALM CT	
CITY-ST-ZIP	LARGO FL 33771	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GREENE, GLENN A.	
STREET ADDRESS	15425 BRISTOL CIR E.	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE	T	<input type="checkbox"/> DELETE
NAME	PEYTON, JAMES R	
STREET ADDRESS	1230 18TH COURT SW	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BOWERS, ARTHUR R	
STREET ADDRESS	3385 CAMELOT DRIVE	
CITY-ST-ZIP	LARGO FL 33771	
TITLE	D	<input type="checkbox"/> DELETE
NAME	OWEN, KENNETH H	
STREET ADDRESS	1415 ROSE STREET	
CITY-ST-ZIP	CLEARWATER FL 33758	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WOLFE, FRANK C.	
STREET ADDRESS	695 34TH ST. S.E.	
CITY-ST-ZIP	LARGO FL 33771	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Glenn Greene* Glenn Greene 2/10/98 (813) 587-6558

CR2E037 (10/97)