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Mar 30 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **720571** (9)

1. Corporation Name

**CLEARWATER LODGE NO. 1525, BENEVOLENT AND PROTEC  
TIVE ORDER OF ELKS OF THE UNITED STATES OF AMERI**

Principal Place of Business

Mailing Address

**2750 SUNSET POINT RD.  
CLEARWATER FL 34619**

**2750 SUNSET POINT RD.  
CLEARWATER FL 34619**

3. Date Incorporated or Qualified

**03/23/1971**

4. FEI Number

**59-2321977**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip

Country

**28** Zip

Country

**24** Zip

Country

**29** Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JURGENSEN, RUSSELL V PSP  
910 PALMER LANE  
PALM HARBOR FL 34685**

**81** Name

**82** Street Address (P.O. Box Number is Not Acceptable)

**83**

**84** City

**FL**

**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 *Russell V Jurgensen* **RUSSELL V JURGENSEN**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☒ DELETE  
NAME **SICILIANO, JOSEPH**  
STREET ADDRESS **1815 OLD COACHMAN RD**  
CITY-ST-ZIP **CLEARWATER FL**

1.1 TITLE **P** ☒ Change ☐ Addition  
1.2 NAME **SLUSSER, LEROY F**  
1.3 STREET ADDRESS **1852 FOREST WOOD DR.**  
1.4 CITY-ST-ZIP **CLEARWATER FL, 33759**

TITLE **VD** ☐ DELETE  
NAME **RULISON, CHARLES**  
STREET ADDRESS **P O BOX 14224 N/A**  
CITY-ST-ZIP **CLEARWATER FL**

2.1 TITLE **T** ☐ Change ☒ Addition  
2.2 NAME **BARTENOPE, TONY**  
2.3 STREET ADDRESS **1818 OAK FOREST DR. W.**  
2.4 CITY-ST-ZIP **CLEARWATER FL, 33759**

TITLE **T** ☒ DELETE  
NAME **SCHNEIDER, JOHN**  
STREET ADDRESS **23 HARBOR WOODS CIR**  
CITY-ST-ZIP **SAFETY HARBOR FL**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE **S** ☐ DELETE  
NAME **JURGENSEN, RUSS**  
STREET ADDRESS **910 PALMER LN**  
CITY-ST-ZIP **PALM HARBOR FL**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **SLUSSER, LEROY F.**  
STREET ADDRESS **1852 FOREST WOOD DR.**  
CITY-ST-ZIP **CLEARWATER FL**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE **T** ☐ DELETE  
NAME **DEVINE, JOHN**  
STREET ADDRESS **2265 S LAGOON CIR**  
CITY-ST-ZIP **CLEARWATER FL**

6.1 TITLE ☐ Change ☐ 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: *Russell V Jurgensen* **RUSSELL V JURGENSEN** **813 796-4024**

CR2E037 (10/97)