

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morton  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 APR 14 AM 9:54

DOCUMENT # 767581 (2)

1. Corporation Name

MERRITT ISLAND LODGE #2650 OF THE BENEVOLENT & P  
ROTECTIVE ORDER OF ELKS, INC.

Principal Place of Business

Mailing Address

1520 AUDUBON RD  
MERRITT ISLAND FL 32952  
US

P. O. BOX 541052  
P.O. BOX 1052  
MERRITT ISLANDS FL 32954-1052  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/21/1983  
3a. Date of Last Report 05/01/1994

4. FEI Number 59-2309274  
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

25

29

30

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHEITHAUER, JOHH  
590 BAKER RD  
MERRITT ISLAND FL 32953

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHMITT, PATRICK	1.2 NAME	CHASTAIN, JAMES D.
STREET ADDRESS	1520 AUDUBON RD	1.3 STREET ADDRESS	1565 N. BANANA RIVER DR
CITY-ST-ZIP	MERRITT ISLAND FL	1.4 CITY-ST-ZIP	MERRITT ISLAND FL
TITLE	TD	2.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARDIN, BILL	2.2 NAME	DENNISON, EDWARD
STREET ADDRESS	5390 BROAD ACROSS ST	2.3 STREET ADDRESS	2140 WINDSOR DR
CITY-ST-ZIP	MERRITT ISLAND FL	2.4 CITY-ST-ZIP	MERRITT ISLAND FL
TITLE	DT	3.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PANGBURN, WILLIAM	3.2 NAME	SHARP, EDWARD
STREET ADDRESS	1520 AUDUBON RD	3.3 STREET ADDRESS	1520 AUDUBON RD
CITY-ST-ZIP	MERRITT ISLAND FL	3.4 CITY-ST-ZIP	MERRITT ISLAND FL
TITLE	ERD	4.1 TITLE	ERD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLOOD, RICHARD	4.2 NAME	BONVILLE, PAUL J.
STREET ADDRESS	969 PINSON BLVD	4.3 STREET ADDRESS	184 HOMBURG PLACE
CITY-ST-ZIP	ROCKLEDGE FL	4.4 CITY-ST-ZIP	COCOA, FL
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 in an attachment with an address.

SIGNATURE:

Paul J. Bonville April 7, 1995 407-452-2650

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Title)

(Daytime Phone #)