

SECOND NOTICE CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 9/30/98: \$87.75 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Jul 09 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION
 ANNUAL REPORT
 1998



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

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 SKYES CREEK PARKWAY
 MERRITT ISLAND FL 32952
 US
 P. O. BOX 541052
 P.O. BOX 1052
 MERRITT ISLANDS FL 32954-1052
 US

3. Date Incorporated or Qualified
 03/21/1983
 4. FEI Number
 59-2309274
 Applied For
 Not Applicable

2. Principal Place of Business 2a. Mailing Address
 21 1520 N SYKES CREEK PKWY 26 PO Box 541052
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 MERRITT ISLAND, FL 32954-1052
 Zip Country 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. Is this nonprofit corporation a homeowners association? Yes No
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
 SCHEITHAURE, JOHN
 590 BAKER RD
 MERRITT ISLAND FL 32953

10. Name and Address of New Registered Agent
 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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> DELETE
NAME	HOBBS, PHYLLIS	
STREET ADDRESS	1415 CREVALLE AVE.	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	DENNISON, EDWARD	
STREET ADDRESS	2140 WINDSOR DR	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SHARP, EDWARD	
STREET ADDRESS	1520 AUDUBON RD	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE	TRD	<input type="checkbox"/> DELETE
NAME	LESKO, JOHN	
STREET ADDRESS	285 VISCOUNT AVE	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE	EPD	<input checked="" type="checkbox"/> DELETE
NAME	SELEWAY, MICHAEL	
STREET ADDRESS	1520 SKYES CREEK PKWY	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HOBBS, PHYLLIS	
1.3 STREET ADDRESS	1415 CREVALLE AVE.	
1.4 CITY-ST-ZIP	MERRITT ISLAND, FL 32952	
2.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DENNISON, EDWARD	
2.3 STREET ADDRESS	1251 S. ATLANTIC AVE. # 202	
2.4 CITY-ST-ZIP	COCOA BEACH, FL 32931	
3.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SHARP, EDWARD	
3.3 STREET ADDRESS	1755 CANAL COURT	
3.4 CITY-ST-ZIP	MERRITT ISLAND, FL 32953	
4.1 TITLE	TRD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	LESKO, JOHN	
4.3 STREET ADDRESS	285 VISCOUNT AVE	
4.4 CITY-ST-ZIP	MERRITT ISLAND, FL 32953	
5.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	MCKENZIE, WARREN	
5.3 STREET ADDRESS	2310 BENTLEY ST.	
5.4 CITY-ST-ZIP	MERRITT ISLAND, FL 32952	
6.1 TITLE	TRD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	DANZIS, HAROLD	
6.3 STREET ADDRESS	8703 BAY COURT	
6.4 CITY-ST-ZIP	CAPE CANAVERAL, FL 32920	

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: *Phyllis M. Hobbs* PHYLLIS M. HOBBS, SECRETARY 7/2/98 (407)452-0937
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/98)