


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90044 031 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 767581					
1. Corporation Name MERRITT ISLAND LODGE #2650 OF THE BENEVOLENT & P ROTECTIVE ORDER OF ELKS, INC.					
Principal Place of Business 1520 N SYKES CREEK PKWY MERRITT ISLAND FL 32952 US			Mailing Address P O BOX 5411052 P.O. BOX 1052 MERRITT ISLANDS FL 32954-1052 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 PO Box 541052		03/21/1983	
22 City & State		27 Suite, Apt. #, etc.		4. FEI Number	
23 Zip		28 Merritt Island, FL		59-2309274	
24 Country		29 32954-1052		30 US	
25		30		31	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SCHEITHAURE, JOHN 590 BAKER RD MERRITT ISLAND FL 32953		81 Name Patrick R. Schmitt	
		82 Street Address (P.O. Box Number is Not Acceptable) 7667 N. Wickham Road #1108	
		83 Melbourne, FL 32940	
		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: *Patrick R. Schmitt* (NOTE: Registered Agent signature required when reinstating) DATE: 1/9/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	
NAME	HOBBS, PHYLLIS	1.2 NAME	
STREET ADDRESS	1415 CREVALLE AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	
NAME	DENNISON, EDWARD	2.2 NAME	
STREET ADDRESS	1251 S ATLANTIC AVE #202	2.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA BCH FL 32931	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	
NAME	SHARP, EDWARD	3.2 NAME	
STREET ADDRESS	1755 CANAL COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	3.4 CITY-ST-ZIP	
TITLE	TRD	4.1 TITLE	
NAME	LESKO, JOHN	4.2 NAME	
STREET ADDRESS	285 VISCOUNT AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	4.4 CITY-ST-ZIP	
TITLE	VD	5.1 TITLE	
NAME	MCKENZIE, WARREN	5.2 NAME	
STREET ADDRESS	2310 BENTLEY ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	5.4 CITY-ST-ZIP	
TITLE	TRD	6.1 TITLE	
NAME	DANZIS, HAROLD	6.2 NAME	
STREET ADDRESS	8703 BAY COURT	6.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CANAVERAL FL 32920	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, with all other like empowered.

SIGNATURE: *Phyllis Hobbs* REQUIRED 1/6/99 (407) 452-0937

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR