

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$205)**

**NONPROFIT CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

95 JUN 16 11:10:27

**DOCUMENT # N21810 (9)**

1. Corporation Name  
**SEBASTIAN LODGE, NO. 2714, BENEVOLENT AND PROTECTIVE ORDER OF ELKS OF THE UNITED STATES OF AMERI**

Principal Place of Business Mailing Address  
**731 S. FLEMING STREET 731 S. FLEMING STREET  
SEBASTIAN FL 32978-2060 SEBASTIAN FL 32978-2060**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>07/31/1987</b>	3a. Date of Last Report <b>04/19/1994</b>
4. FEI Number <b>59-2648978</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>FILING FEE IS \$61.25</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
Zip	Country
29	30

9. Name and Address of Current Registered Agent  
**HARTNETT, GEORGE, R  
1300 W. HYACINTH CIRCLE  
BAREFOOT BAY FL 32976**

10. Name and Address of New Registered Agent

81 Name	<b>GREENE, ROBERT</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>7945-135 ST</b>
83	<b>Sebastian, FL 32958</b>
84 City	<b>FL</b>
85 Code	<b>7</b>

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: *Robert W. Greene* (Signature, typed or printed name of registered agent and title if applicable) DATE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>
NAME	<b>HARTNETT, GEORGE R.</b>
STREET ADDRESS	<b>1300 W. HYACINTH CIR.</b>
CITY - ST - ZIP	<b>BAREFOOT BAY FL 32976</b>
TITLE	<b>D</b>
NAME	<b>MANIS, WALTEY,</b>
STREET ADDRESS	<b>1170 W. BAREFOOT CIRCLE</b>
CITY - ST - ZIP	<b>BAREFOOT BAY FL 32976</b>
TITLE	<b>D</b>
NAME	<b>KEARNEN, JAMES</b>
STREET ADDRESS	<b>7659 GREAT BEAR LAKE DR</b>
CITY - ST - ZIP	<b>MICCO FL</b>
TITLE	<b>D</b>
NAME	<b>FISHER, CARL,</b>
STREET ADDRESS	<b>523 CROSS CREEK CIR.</b>
CITY - ST - ZIP	<b>SEBASTIAN FL 32958</b>
TITLE	<b>D</b>
NAME	<b>DRISCOLL, THOMAS</b>
STREET ADDRESS	<b>31465 MARK 05</b>
CITY - ST - ZIP	<b>SEBASTIAN FL</b>
TITLE	<b>D</b>
NAME	<b>GREENE, ROBERT</b>
STREET ADDRESS	<b>7945 135 ST</b>
CITY - ST - ZIP	<b>SEBASTIAN FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<b>P</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>ROBERT GREENE JR</b>	
13 STREET ADDRESS	<b>7945--135th STREET</b>	
14 CITY - ST - ZIP	<b>SEBASTIAN, FL 32958</b>	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE	<b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	<b>ALBERT CLINGER</b>	
63 STREET ADDRESS	<b>13185 76 COURT</b>	
64 CITY - ST - ZIP	<b>SEBASTIAN, FL 32958</b>	

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 110.07(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 on an attachment with an address.

SIGNATURE: *Walter Manis* (Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) DATE: **6-9-95** DAYTIME PHONE: **107-589-1426**

CR2E037 (3/95)