


**FILED**  
**Apr 08, 1999 8:00 am**  
**Secretary of State**

04-08-1999 90065 012 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N21810**

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

Principal Place of Business 731 S. FLEMING STREET SEBASTIAN FL 32978-2060	Mailing Address P.O. BOX 32978-2060 SEBASTIAN FL 32978-2060
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	3. Date Incorporated or Qualified 07/31/1987	4. FEI Number 59-2648978	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees		

9. Name and Address of Current Registered Agent <b>BROWNING, ROBERT</b> 649 BAYFRONT TERRACE SEBASTIAN FL 32958	10. Name and Address of New Registered Agent 81 Name <b>Joe Guidice</b> 82 Street Address (P.O. Box Number is Not Acceptable) 9705 Honeysuckle Dr 83 Bearfoot Bay FL 84 City 85 Zip Code FL 32958
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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 *FR. Joseph Guidice* DATE 4-1-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>P</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>Joe Guidice</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>BROWNING, ROBERT</b>		1.2 NAME	
STREET ADDRESS <b>649 BAYFRONT TERRACE</b>		1.3 STREET ADDRESS <b>9705 Honeysuckle Dr.</b>	
CITY-ST-ZIP <b>SEBASTIAN FL 32958</b>		1.4 CITY-ST-ZIP <b>Bearfoot Bay FL</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>Delours MaCarthy</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>KLEIN, FREDERICK</b>		2.2 NAME	
STREET ADDRESS <b>1662 CORAL REEF STREET</b>		2.3 STREET ADDRESS <b>Fig St.</b>	
CITY-ST-ZIP <b>SEBASTIAN FL 32958</b>		2.4 CITY-ST-ZIP <b>SEBASTIAN FL</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>KEARNAN, JAMES</b>		3.2 NAME	
STREET ADDRESS <b>7659 GREAT BEAR LAKE DRIVE</b>	<i>Treasurer</i>	3.3 STREET ADDRESS	
CITY-ST-ZIP <b>MICCO FL 32976</b>		3.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HOLMGREN, HARVEY</b>		4.2 NAME	
STREET ADDRESS <b>462 ORANGE AVENUE</b>	<i>Trustee</i>	4.3 STREET ADDRESS	
CITY-ST-ZIP <b>SEBASTIAN FL 32958</b>		4.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SCHEEREN, ARTHUR</b>		5.2 NAME	
STREET ADDRESS <b>12525 ROSELAND ROAD</b>	<i>Trustee</i>	5.3 STREET ADDRESS	
CITY-ST-ZIP <b>ROSELAND FL 32957</b>		5.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>EATON, THOMAS</b>		6.2 NAME	
STREET ADDRESS <b>P O BOX 2533 NA</b>	<i>Trustee</i>	6.3 STREET ADDRESS	
CITY-ST-ZIP <b>VERO BEACH FL 32980</b>		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: *Harvey Holmgren* Chairman/Trustee  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date 4-1-99 Daytime Phone # 587 1516

CR2E037 (11/98)