

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N22010** (5)

1. Corporation Name

**BENEVOLENT & PROTECTIVE ORDER OF THE ELKS PALM C
OAST LODGE 2709, INC.**

Principal Place of Business

Mailing Address

**53 OLD KINGS RD., N.
PALM COAST FL 32137**

**P.O. BOX 352765
PALM COAST FL 32135-2765**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/12/1987** 3a. Date of Last Report **01/29/1996**

4. FEI Number **59-2669153** Applied For ☐ Not Applicable ☐

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

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

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

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 Zip Country

29 Zip Country **30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DODGE, RALPH
53 OLD KINGS ROAD NORTH
PALM COAST FL 32137**

81 Name **Alfred C St. Onge**
82 Street Address (P.O. Box Number is Not Acceptable) **77 Folcroft Lane**
83
84 City **Palm Coast** **FL** **85** Zip Code **32137**

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 *Alfred C St. Onge* DATE **Aug 2, 1997**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	☒ DELETE
NAME	DODGE, RALPH	
STREET ADDRESS	53 OLD KINGS ROAD NORTH	
CITY-ST-ZIP	PALM COAST FL	
TITLE	D	☒ DELETE
NAME	CONNELLY, DAVID	
STREET ADDRESS	12 WILKSBO RO PL	
CITY-ST-ZIP	PALM COAST FL	
TITLE	D	☒ DELETE
NAME	KHULA, WALTER	
STREET ADDRESS	31 FAIRVIEW LAN	
CITY-ST-ZIP	PALM COAST FL	
TITLE	D	☒ DELETE
NAME	SCHMEID, RICHARD	
STREET ADDRESS	1 WELLING PLACE	
CITY-ST-ZIP	PALM COAST FL	
TITLE	T	☒ DELETE
NAME	MILLSPAUGH, CHARLES	
STREET ADDRESS	50 FLEMINGWOOD LN	
CITY-ST-ZIP	PALM COAST FL	
TITLE	SD	☐ DELETE
NAME	MARTIN, ALFRED	
STREET ADDRESS	45 WYNNFIELD DR	
CITY-ST-ZIP	PALM COAST FL	

1.1 TITLE	Chrm. Trustee	☐ Change ☒ Addition
1.2 NAME	Donald Byrnes	
1.3 STREET ADDRESS	28 Clarendon Ct. S.	
1.4 CITY-ST-ZIP	Palm Coast FL 32137	
2.1 TITLE	Trustee C. Chrm	☐ Change ☒ Addition
2.2 NAME	John Cole	
2.3 STREET ADDRESS	109 Farragut Dr.	
2.4 CITY-ST-ZIP	Palm Coast FL 32137	
3.1 TITLE	E. R. Bruce	☐ Change ☒ Addition
3.2 NAME	John Cole	
3.3 STREET ADDRESS	2 Carollo Ct.	
3.4 CITY-ST-ZIP	Palm Coast FL 32137	
4.1 TITLE	Vern Steen	☐ Change ☒ Addition
4.2 NAME	John Cole	
4.3 STREET ADDRESS	35 Filbert Ln	
4.4 CITY-ST-ZIP	Palm Coast FL 32137	
5.1 TITLE	Treas.	☐ Change ☒ Addition
5.2 NAME	Alfred C St. Onge	
5.3 STREET ADDRESS	77 Folcroft Ln	
5.4 CITY-ST-ZIP	Palm Coast FL 32137	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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, 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 change of agent or agent with address.

CR2E037 (4/97)

904-445-5633