## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

## DOCUMENT #

N22010

(5)

BENEVOLENT & PROTECTIVE ORDER OF THE ELKS PALM COAST LODGE 2709, INC.

OAST LODGE 2709, INC.

Principal Place of Business Mulling Address

63 OLD VINCE DO AL.

B.O. BOY 253255

FILED Jan 29 1996 8:00am Secretary of State



SADO, April F, etc.  SADO, Apr	53 OLD KINGS RD., N. PALM COAST FL 32137		P.O. BOX 352	P.O. BOX 352765 PALM COAST FL 32135-2765					
Souto, Apt. #, otc.    Souto, Apt. #, otc.									
Sale, Apt. #, etc.    Cory & State   City & State	<b>—</b> '	F1				<del></del>	Applied For		
Cory & Status Co	21		and the boundary of the second		59-2069153		Not Applicable		
Added to Pease    20	Suite, Apt. #, etc.		F I	<del>-</del> 1		5. Certificate of Status Desired			
Country   28   30   Section   28	Crty & State		t i '	City & State			\$5.00 May Be Added to Fees		
DODGE, RALPH 53 OLD KINGS ROAD NORTH PALM COAST FL 32137    11	Zip	<b> </b>		h		8. This corporation has liability for intangible tax under s. 199.032,			
DODGE, RALPH 53 OLD KINGS ROAD NORTH PALM COAST FL 32137  60			· · · · · · · · · · · · · · · · · ·						
STRICT ADDRESS   STRI	53 OLD KINGS RO PALM COAST FL 3	2137	oud 617 1508 Etoir	d'a Statutos, the	83 84 City		FL 85	•	
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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 119.07(3)(k), Florida Statutes. I further	CITY. ST. ZIP PAIM C	OAST FI			6.4 City-St-7iP				

4. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this immunity pool or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of indicorporation 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 Lange'd, or or an attachment with an address.

SIGNATURE:

ONA NORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

446-2709