FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

FILED
Jan 27 1998 8:00am
Secretary of State

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

3. Date Incorporated or Qualified: 08/12/1987

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

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

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

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent

ST ONGE, ALFRED C
77 FOLCROFT LN
PALM COAST FL 32137

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City FL 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CT	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BYRNES, DONALD		1.2 NAME		
STREET ADDRESS	28 CLARENDON CT S		1.3 STREET ADDRESS		
CITY-ST-ZIP	PALM COAST FL		1.4 CITY-ST-ZIP		
TITLE	TCC	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	COLE, JOHN		2.2 NAME		
STREET ADDRESS	109 FARRAGUT DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	PALM COAST FL		2. 4 CITY-ST-ZIP		
TITLE	ER	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	KANE, BRUCE		3.2 NAME		
STREET ADDRESS	7 CAROLLO CT		3.3 STREET ADDRESS		
CITY-ST-ZIP	PALM COAST FL		3.4. CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	STEEN, VERN		4. 2 NAME		
STREET ADDRESS	35 FILBERT LN		4.3 STREET ADDRESS		
CITY-ST-ZIP	PALM COAST FL		4.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	ST ONGE, ALFRED C		5.2 NAME		
STREET ADDRESS	77 FOLCROFT LN		5.3 STREET ADDRESS		
CITY-ST-ZIP	PALM COAST FL		5.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MARTIN, ALFRED		6.2 NAME		
STREET ADDRESS	45 WYNNFIELD DR		6.3 STREET ADDRESS		
CITY-ST-ZIP	PALM COAST FL		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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.

SIGNATURE: [illegible] TITLE Treas Jan 6, 98