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 # N25285   (0)

1. Corporation Name

ELKS LODGE NO. 2730, BENEVOLENT AND PROTECTIVE ORDER OF ELKS OF THE UNITED STATES OF AMERICA INC

Principal Place of Business	Mailing Address
7655 S.E. HWY. 25 P.O. BOX 3100 BELLEVIEW FL 34421 US	7655 S.E. HWY. 25 P.O. BOX 3100 BELLEVIEW FL 34421 US

3. Date Incorporated or Qualified	3a. Date of Last Report
03/09/1988	04/26/1995

4. FEI Number 59-2767697 — Applied For / Not Applicable

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	Zip	Country
24	25	29	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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WILLIAM, CARTER A 4311 S.E. 44 ST. OCALA FL 34480	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 _____

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 DS ☐DELETE NAME CARTER, WILLIAM A STREET ADDRESS 4311 SE 44 ST CITY-ST-ZIP OCALA FL		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D ☐DELETE NAME KLOTZ, JOE STREET ADDRESS 2306 SE 50TH TERRACE CITY-ST-ZIP OCALA FL		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D ☐DELETE NAME DEFRENN, WILLIAM D STREET ADDRESS 14001 S. MAGNOLIA AVENUE CITY-ST-ZIP OCALA FL		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE DP ☐DELETE NAME WHATLEY, DUANE STREET ADDRESS 5 CHERRY LANE CITY-ST-ZIP OCALA FL		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D ☐DELETE NAME NASH, ARTHUR STREET ADDRESS 6501-A PORTRUSH RD. CITY-ST-ZIP OCALA FL 34472		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ☐DELETE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (12/95)

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 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: _W. A. Carter_   W. A. CARTER.   4/8/96   352 694 1282

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #