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Apr 23 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 # 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 7655 S.E. HWY. 25 P.O. BOX 3100 BELLEVIEW FL 34421 US	Mailing Address 7655 S.E. HWY. 25 P.O. BOX 3100 BELLEVIEW FL 34421-3100 US
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3. Date Incorporated or Qualified 03/09/1988	3a. Date of Last Report 04/11/1996
4. FEI Number 59-2767697	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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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
25. Zip Country	30. Zip Country

9. Name and Address of Current Registered Agent

**WILLIAM, CARTER A
4311 S.E. 44 ST.
OCALA FL 34480**

10. Name and Address of New Registered Agent

81. Name
HARRY A. TUCKER

82. Street Address (P.O. Box Number is Not Acceptable)
220 A. East GLENEAGLES Rd.

83. **Ocala, FL. 34472**

84. City **OCALA, FL** 85. Zip Code **34472**

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 **HARRY A. TUCKER** *Harry A. Tucker* **APRIL 15, 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

TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	CARTER, WILLIAM A	
STREET ADDRESS	4311 SE 44 ST	
CITY-ST-ZIP	OCALA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KLOTZ, JOE	
STREET ADDRESS	2308 SE 50TH TERRACE	
CITY-ST-ZIP	OCALA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DEFRENN, WILLIAM D	
STREET ADDRESS	14001 S. MAGNOLIA AVENUE	
CITY-ST-ZIP	OCALA FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	WHATLEY, DUANE	
STREET ADDRESS	5 CHERRY LANE	
CITY-ST-ZIP	OCALA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	NASH, ARTHUR	
STREET ADDRESS	6501-A PORTRUSH RD.	
CITY-ST-ZIP	OCALA FL 34472	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	TUCKER, HARRY A.	
1.3 STREET ADDRESS	220 A.E. Gleneagles Rd.	
1.4 CITY-ST-ZIP	Ocala, FL 34472	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MAX GOREE	
2.3 STREET ADDRESS	370 S.E. 145th. St.	
2.4 CITY-ST-ZIP	Summerfield, FL. 34491	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ROBERT WESTCOTT	
3.3 STREET ADDRESS	9894 S.E 110th. St. Rd.	
3.4 CITY-ST-ZIP	Belleview, FL. 34420	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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 **HARRY A. TUCKER** *Harry A. Tucker* **APRIL 15, 1997** 35 624 0750

CR2E037 (9/96)