

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 20 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>7655 S.E. HWY. 25 P.O. BOX 3100 BELLEVUE FL 34421 US</b>	Mailing Address <b>7655 S.E. HWY. 25 P.O. BOX 3100 BELLEVUE FL 34421 US</b>
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3. Date Incorporated or Qualified <b>03/09/1988</b>	Applied For Not Applicable
4. FEI Number <b>59-2767697</b>	

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

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**TUCKER, HARRY A.  
220 A EAST GLENNEAGLES RD  
OCALA FL 34472**

10. Name and Address of New Registered Agent

81 Name <b>Thompson, Andrew A.</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>15 Spring Lane Way</b>
83
84 City <b>Ocala, FL</b>
85 Zip Code <b>34472</b>

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 *Andrew A Thompson* **ANDREW A THOMPSON (secretary) 4/15/98**  
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 <b>DS</b>	<input type="checkbox"/> DELETE
NAME <b>TUCKER, HARRY A.</b>	
STREET ADDRESS <b>220 GLENNEAGLES RD</b>	
CITY-ST-ZIP <b>OCALA FL</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>KLOTZ, JOE</b>	
STREET ADDRESS <b>2306 SE 50TH TERRACE</b>	
CITY-ST-ZIP <b>OCALA FL</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>GOREE, MAX</b>	
STREET ADDRESS <b>370 SE 145 ST</b>	
CITY-ST-ZIP <b>SUMMERFIELD FL</b>	
TITLE <b>DP</b>	<input type="checkbox"/> DELETE
NAME <b>WHATLEY, DUANE</b>	
STREET ADDRESS <b>5 CHERRY LANE</b>	
CITY-ST-ZIP <b>OCALA FL</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>WESTCOTT, ROBERT</b>	
STREET ADDRESS <b>9894 SE 110 ST RD</b>	
CITY-ST-ZIP <b>BELLEVUE FL</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <b>P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME <b>Louisa Norman</b>	
1.3 STREET ADDRESS <b>2425 SW 3rd Ave., Lot 141</b>	
1.4 CITY-ST-ZIP <b>Ocala, FL 34474</b>	
2.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME <b>Charlie Mckinnon</b>	
2.3 STREET ADDRESS <b>8 Spring Lake Way</b>	
2.4 CITY-ST-ZIP <b>Ocala, FL 34472</b>	
3.1 TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME <b>Harry Tucker</b>	
3.3 STREET ADDRESS <b>220-A E Gleneagles Rd</b>	
3.4 CITY-ST-ZIP <b>Ocala, FL 34472</b>	
4.1 TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME <b>Duane Whatley</b>	
4.3 STREET ADDRESS <b>5 Cherry Lane</b>	
4.4 CITY-ST-ZIP <b>Ocala, FL 34472</b>	
5.1 TITLE <b>D/C</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME <b>Robert Westcott</b>	
5.3 STREET ADDRESS <b>same</b>	
5.4 CITY-ST-ZIP	
6.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME <b>James Hamlin</b>	
6.3 STREET ADDRESS <b>6413 D Lakewood Dr.</b>	
6.4 CITY-ST-ZIP <b>Ocala, FL 34472</b>	

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: *Louisa Norman* **LOUISA NORMAN 4/15/98 732-9934**

CFR2037 (10/97)