FILE NOW: FILING FEE IS \$61.25

Mailing Address

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

Apr 19, 1999 8:00 am Secretary of State

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DOCUMENT # N25285

1. Corporation Name

Principal Place of Business

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

P.O.	S.E. HWY, BOX 3100 EVIEW FL		5 S.E. HWY, 25 . BOX 3100 .LEVIEW FL 34421										
2. Principal Place of Business				2a. Mailing Address				3. Date Incorporated or Qualifed					
21			26						03/09/1988				
S	Suite, Apt. #, etc.			Suite, Apt. #, etc.				4. FEI Number Applied Fo					
22		- <u> </u>	27		<u> </u>		, ,	5	9-2767697				Applicable
C	ity & State			City & State			5. C	Certifcate of Status Desired				dditional	
23			28			Country			 			ee Re	·
	ip.	Country	<u> </u>	- ·				1	lection Campaign Financing		\$5.00 May Be Added to Fees		
24	749,	25	29 30						rust Fund Contribution	Pagistared (aded to	rees
<u> </u>		9. Name and Address of Current F	kegis	tered Agent	81	Т	Name	10. Name and Address of New Registered Agent					
					"			,					
THOMPSON, ANDREW A					82	Τ	Street Addre	ss (P.C). Box Number is Not Accepta	ible)			
15 SPRING LANE WAY					83	-			<u></u>				
	CALA FL	-			83	l							
L 63	ም ያሉ ሰላሌ	LL COLUMN TON THE CONTRACTOR	٠.	1. A . T. C. C. T. 1. A	84	١	City			FL	85	Zip C	
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													egistered istered
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												2S IN 12	
12.			DIKE	DELETE	1.1 TITLE			^-	DITIONO/CHANGES TO CIT	ICENS AIT	□ Cr		Addition
TITLE		D THOUSE HADDY A		C) PLLLIC	1.2 NAME						_		
NAME		TUCKER, HARRY A.			1.3 STREE	т л	nnpeee						
	1	220 GLENNEAGLES RD OCALA FL 34472			1.4 CITY-S								
TITLE		P		TR DELETE	2.1 TITLE	11-4	P				☐ CH	ange	Addition
NAME		NORMAN, LOUISA			2.2 NAME		-	n i 1	Casale		_	-	
		2425 SW 3RD AVE LOT 141			2.3 STREE	TΔ			SE 88 Street				
j	ST-ZIP	OCALA FL 34474		· .	2. 4 CITY-				FL 34472				
TITLE	-	0		DELETE	3.1 TITLE	-		- 14 -1 1	<u> </u>	·		nange	Addition
NAME	1	HAMLIN, JAMES			3.2 NAME								
i	i i	6413 D LAKEWOOD DR			3.3 STREE	ŦΑ	ADDRESS						
CITY-S		OCALA FL 34472			3.4. CITY-5	ST-	-ZIP						
TITLE		D		DELETE .	4.1 TITLE						CI	nange	☐ Addition
NAME	- 1	WHATLEY, DUANE			4. 2 NAME		1						
STREE		5 CHERRY LANE			4.3 STREE	TA	ADDRESS						
CITY-S		OCALA FL			4.4 CITY-S	T-1	ZIP						
TITLE		DC		DELETE	5.1 TITLE						C	nange	☐ Addition
NAME		WESTCOTT, ROBERT		İ	5.2 NAME								
STREE		9894 SE 110 ST RD			5.3 STREE	TA	NODRESS						
CITY-S	ST-ZIP	BELLEVIEW FL			5.4 CITY-8	T-	ZIP						
πīLE		n ·		[₃+DELETE	6.1 TITLE		D					nange	Addition

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 or flan attachment with an address, with all other like empowered. CITY-ST-ZIP

6.3 STREET ADDRESS

Neal Marquette

2828 NE 49 Ave,

SIGNATURE:

NAME

MCKINNON, CHARLIE

8 SPRING LAKE WAY