

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 # **N37865** (5)

1. Corporation Name
NAPLES LODGE NO. 2010 BENEVOLENT AND PROTECTIVE ORDER OF ELKS OF THE UNITED STATES OF AMERICA, I



Principal Place of Business: **3301 WESTVIEW DR NAPLES FL 33942**
Mailing Address: **3301 WESTVIEW DR NAPLES FL 33942**

3. Date Incorporated or Qualified: **04/25/1990**
3a. Date of Last Report: **04/14/1995**
4. FEI Number: **59-0774251**
Applied For: Not Applicable
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

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

9. Name and Address of Current Registered Agent
**NUCILLI CARL
291 INDIAN KEY LANE
NAPLES FL 33961**

10. Name and Address of New Registered Agent
81 Name: **ARTHUR L. KOZY, PER.**
82 Street Address (P.O. Box Number is Not Acceptable): **517 WHITEWATER WAY**
83 City: **NAPLES**
84 City: **FL** 85 Zip Code: **33962**

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]* *[Signature]* *[Signature]* **11/8/96**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering.) DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	BRUBAKER, LOGAN W.	
STREET ADDRESS	134 BELINA DRIVE	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RICHMOND, ROBERT SR	
STREET ADDRESS	3632 BOCA CIEGA DR	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CONROY, RONNIE P	
STREET ADDRESS	624 98TH AVE., NORTH	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LARSON, HARLAN	
STREET ADDRESS	3300 GULFSHORE BL N #108	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GRESHAM, ROBERT	
STREET ADDRESS	2449 QUEENS WAY	
CITY-ST-ZIP	NAPLES FL	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	WAGNER, STEVE	
STREET ADDRESS	4059 SEA OATS LANE	
CITY-ST-ZIP	NAPLES FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	TRUSTEE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	CASSIDY, JOSEPH	
4.3 STREET ADDRESS	1329 NARITA WAY	
4.4 CITY-ST-ZIP	NAPLES, FL. 33942	
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	LECTURING KNIGHT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	COBB, KENNETH	
6.3 STREET ADDRESS	42 SKYWAY DRIVE	
6.4 CITY-ST-ZIP	NAPLES, FL. 33962	

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: *[Signature]* **1/18/96** **941-643-1367**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)