

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N43184** (3)

1. Corporation Name

FORT MYERS LODGE, NO. 1288 BENEVOLENT AND PROTECTIVE ORDER OF ELKS OF THE UNITED STATES OF AMERICA



Principal Place of Business: **1375 HENDRY STREET FORT MYERS FL 33901-2818**
Mailing Address: **PO BOX 1524 FORT MYERS FL 33902 US**

3. Date Incorporated or Qualified: **04/30/1991**
3a. Date of Last Report: **04/12/1995**

| | | | | | | | |
|-----------------------------------|--|---------------------|--|---|--|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 4. FEI Number | | Applied For | |
| 21 1900 Park Meadows Drive | | 26 | | 59-0232981 | | Not Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | | <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 22 | | 27 | | 6. Election Campaign Financing Trust Fund Contribution | | <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| City & State | | City & State | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 23 Fort Myers, Florida | | 28 | | | | | |
| Zip | | Country | | Zip | | Country | |
| 24 33907 | | 25 Lee | | 29 | | 30 | |

| | | | | | | | |
|---|--|--|--|---|--------------------------------|----------|-----------|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| BREWER, S. PAUL 1375 HENDRY STREET FORT MYERS FL | | | | 81 Name | BREWER, S. Paul | | |
| | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | 1900 Park Meadows Drive | | |
| | | | | 83 | Fort Myers, FL. 33907 | | |
| | | | | 84 City | Fort Myers | 85 State | FL |

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: **S. Paul Brewer, Secretary** *S. Paul Brewer* **March 5, 1996**
Signature, typed or printed name of registered agent and title, if applicable. (P.O. Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|----------------------------|-------------------------------|--|---|-------------------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CAYLOR, STANLEY | | 1.2 NAME | Halbruegge, Wilfred A. | |
| STREET ADDRESS | 1144 S.E. 32ND TERRACE | | 1.3 STREET ADDRESS | 294 Hidden Cove Rd, | |
| CITY-ST-ZIP | CAPE CORAL FL 33904 | | 1.4 CITY-ST-ZIP | N. Ft. Myers, FL 33917 | |
| TITLE | D | <input type="checkbox"/> DELETE | 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | IRVIN, ROD | | 2.2 NAME | | |
| STREET ADDRESS | 17791 NE WELLSWOOD RD | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | FORT MYERS FL | | 2.4 CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> DELETE | 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | REYNOLDS, ROLAND | | 3.2 NAME | | |
| STREET ADDRESS | 15390 NE MOONRAKER CT | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | FT. MYERS FL | | 3.4 CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> DELETE | 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MINOGUE, PETE JR. | | 4.2 NAME | | |
| STREET ADDRESS | PO BOX 7085 N/A | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | FT. MYERS FL | | 4.4 CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> DELETE | 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DILG, KENNETH R. | | 5.2 NAME | | |
| STREET ADDRESS | 911 HAPPY ST | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | FT MYERS FL | | 5.4 CITY-ST-ZIP | | |
| TITLE | P | <input checked="" type="checkbox"/> DELETE | 6.1 TITLE | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WARREN, ROBERT | | 6.2 NAME | McStravic, Joseph | |
| STREET ADDRESS | P.O. BOX 3248 N/A | | 6.3 STREET ADDRESS | 1698 Lakeside Terrace | |
| CITY-ST-ZIP | N. FT. MYERS FL | | 6.4 CITY-ST-ZIP | N. Ft. Myers, FL 33903 | |

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 199.07(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: *S. Paul Brewer* **Mar. 5, 1996** (941) 278-1355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date's Phone #

CR2E037 (12/95)