


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 1900 PARK MEADOWS DRIVE FT. MYERS FL 33907 US	Mailing Address PO BOX 1524 FORT MYERS FL 33902 US
---	--

3. Date Incorporated or Qualified
04/30/1991

4. FEI Number
59-0232981

Applied For	Not Applicable
-------------	----------------

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

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent
**BREWER, S P
 1900 PARK MEADOWS DRIVE
 FT. MYERS FL 33907**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating.) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	Tr <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALBRUEGGE, WILFRED A	1.2 NAME	
STREET ADDRESS	294 HIDDEN COVE ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH FT. MYERS FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	Tr <input checked="" 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 checked="" type="checkbox"/> DELETE	3.1 TITLE	Tr <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REYNOLDS, ROLAND	3.2 NAME	Edward Ruhno
STREET ADDRESS	15390 NE MOONRAKER CT	3.3 STREET ADDRESS	7430 Lakebreeze Dr.
CITY-ST-ZIP	FT. MYERS FL	3.4 CITY-ST-ZIP	Ft. Myers FL 33907
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	Tr <input checked="" 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	Tr <input checked="" 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	MCSTRAVIC, JOSEPH	6.2 NAME	Donald Bennett
STREET ADDRESS	1698 LAKESIDE TERRACE	6.3 STREET ADDRESS	4332 Lyric Court
CITY-ST-ZIP	NORTH FT. MYERS FL	6.4 CITY-ST-ZIP	N. Ft. Myers FL 33903

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: *Edward Ruhno* **2/24/98 481-4370**

CR2E037 (1097)