

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 # **N48066** (7)

1. Corporation Name

LANTANA-BOYNTON LODGE, NO. 2676, BENEVOLENT AND PROTECTIVE ORDER OF ELKS OF THE UNITED STATES OF



Principal Place of Business

Mailing Address

112 N DIXIE HWY
LANTANA FL 33462

PO BOX 861
BOYNTON BCH FL 33425-0861
US

3. Date Incorporated or Qualified
03/31/1992

3a. Date of Last Report
02/16/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2351656

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

23

28

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STRAUSS, PHIL
112 N DIXIE HWY
LANTANA FL 33462**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Phil Strauss
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/21/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	STEPHENS, GEORGE D.	
STREET ADDRESS	722 NORTH B STREET	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CARPENTER, JIM	
STREET ADDRESS	5283 GILBERT WAY	
CITY-ST-ZIP	LANTANA FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	PEYKOFF, T.V.	
STREET ADDRESS	640 E. OCEAN AVE #8	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	P D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DENNIS DALASAS	
1.3 STREET ADDRESS	2006 NW 21st St	
1.4 CITY-ST-ZIP	BOYNTON BE, FL 33436	
2.1 TITLE	VP D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ROBERT MCGRATH	
2.3 STREET ADDRESS	8438 BLUE CYPRESS DR	
2.4 CITY-ST-ZIP	LAKE WORTH, FL 33467	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	CARL BAISER	
3.3 STREET ADDRESS	2016 S. FEDERAL HWY #8907E	
3.4 CITY-ST-ZIP	BOYNTON BE, FL 33435	
4.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	JOHN AHO	
4.3 STREET ADDRESS	815 RIDGE Rd #7	
4.4 CITY-ST-ZIP	LANTANA, FL 33467	
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	200001839812	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	-05/25/96--01001--024	
6.3 STREET ADDRESS	***61.25	
6.4 CITY-ST-ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Phil Strauss
Dennis Dalasas Pres
4/21/96

Date

Day/Phone #

CR2E037 (12/95)

4/21/96