

FILE NOW: FILING FEE IS \$61.25

FILED  
May 09 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**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 <b>112 N DIXIE HWY LANTANA FL 33462</b>	Mailing Address <b>PO BOX 661 BOYNTON BCH FL 33425-0661 US</b>
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3. Date Incorporated or Qualified <b>03/31/1992</b>	3a. Date of Last Report <b>05/24/1996</b>
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21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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4. FEI Number <b>59-2351656</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**STRAUSS, PHIL  
112 N DIXIE HWY  
LANTANA FL 33462**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
<b>FL</b> 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 617.0502, Florida Statutes.

SIGNATURE: PHIL STRAUSS (Phil Strauss) DATE: 4/23/97

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	DALASASS, DENNIS	
STREET ADDRESS	2006 NW 21ST ST	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	MCGRATH, ROBERT	
STREET ADDRESS	8438 BLUE BYPRESS DR	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KAISER, CARL	
STREET ADDRESS	2016 S FEDERAL HWY #307E	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	T	<input type="checkbox"/> DELETE
NAME	AHO, JOHN	
STREET ADDRESS	815 RIDGE RD #7	
CITY-ST-ZIP	LANTANA FL 33462	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MCGRATH, ROBERT	
1.3 STREET ADDRESS	8438 BLUE BYPRESS DR.	
1.4 CITY-ST-ZIP	LAKE WORTH, FL. 33467	
2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	GEORGE STEPHENS, JR.	
2.3 STREET ADDRESS	1830 HYPOLEXO RD. SUITE B-110	
2.4 CITY-ST-ZIP	LANTANA, FL. 33462	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	OLSON, THEODORE	
3.3 STREET ADDRESS	4274 CENTURIAN CIR.	
3.4 CITY-ST-ZIP	LAKE WORTH, FL. 33463	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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: Phil Strauss DATE: 4/23/97

CR2E037 (9/96)