

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 31 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # N93000004479 (2)

1. Corporation Name
FT. PIERCE LODGE, 1520, BENEVOLENT AND PROTECTIV E ORDER OF ELKS OF THE UNITED STATES OF AMERICA,



| | |
|--|--|
| Principal Place of Business 651 FEDERAL HWY. FT. PIERCE FL | Mailing Address P.O. BOX 3749 FT. PIERCE FL 34948-3749 |
|--|--|

| | | | |
|--------------------------------|-------------------------|--|--|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified 10/04/1993 | 3a. Date of Last Report 06/06/1996 |
| 21. Suite, Apt. #, etc. | 26. Suite, Apt. #, etc. | 4. FEI Number 59-0250528 | Applied For <input type="checkbox"/> Not Applicable |
| 22. City & State | 27. City & State | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 23. Zip | 28. Zip | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 24. Country | 29. Country | 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

**BISCH, EDWARD J
9307 S INDIAN RIVER DR
FT. PIERCE FL 34954**

10. Name and Address of New Registered Agent

| | |
|--|-----------|
| 81. Name | |
| 82. Street Address (P.O. Box Number is Not Acceptable) | |
| 83. City | |
| 84. State | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------------------|--|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | BISCH, EDWARD J | |
| STREET ADDRESS | 9307 S INDIAN RIVER DR | |
| CITY-ST-ZIP | FT PIERCE FL | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | HAMING, THOMAS C | |
| STREET ADDRESS | 6603 DONLON RD | |
| CITY-ST-ZIP | FT. PIERCE FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | ROHN, SCOTT M | |
| STREET ADDRESS | 5805 PALM DR | |
| CITY-ST-ZIP | FT. PIERCE FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | DECASTRO, R.A. | |
| STREET ADDRESS | 1539-C PHEASANT WALK | |
| CITY-ST-ZIP | FT. PIERCE FL 34950 | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | TOWSEND, ARNOLD J | |
| STREET ADDRESS | 1177 BAYSHORE DR., #207 | |
| CITY-ST-ZIP | FT. PIERCE FL 34949-3020 | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | LARRABEE, GEORGE | |
| STREET ADDRESS | 4064 GATOR TRACE RD. | |
| CITY-ST-ZIP | FT. PIERCE FL 34982 | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|--|--|
| 1.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | | |
| 1.3 STREET ADDRESS | | |
| 1.4 CITY-ST-ZIP | | |
| 2.1 TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | TARRANT, WILLIAM E | |
| 2.3 STREET ADDRESS | 2800 N. AIA APT. 1008, | |
| 2.4 CITY-ST-ZIP | NORTH HUTCHINSON ISLAND, FL 34949 | |
| 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 | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | MOORE, DANNIE C. | |
| 5.3 STREET ADDRESS | 2007 S. EDWARDS ROAD | |
| 5.4 CITY-ST-ZIP | FT. PIERCE, FL 34982 | |
| 6.1 TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | SIMARI, Lloyd Joseph | |
| 6.3 STREET ADDRESS | 1104 TRINIDAD AVE | |
| 6.4 CITY-ST-ZIP | FT. PIERCE, FL 34982 | |

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: *[Signature]* **J.H. B. HENDERSON** 1/30/97 561-461-6010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0070810

CR2E037 (9/96)