


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 04 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | 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 PROTECTIVE 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 |
|--|--|

| | |
|--|-------------------------------|
| 3. Date Incorporated or Qualified 10/04/1993 | |
| 4. FEI Number 59-0250528 | Applied For Not Applicable |

| | |
|--------------------------------------|---------------------------|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 | Country 25 |
| | Country 30 |

| | |
|--|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <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 |
| 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 _____ (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 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BISCH, EDWARD J | 1.2 NAME | |
| STREET ADDRESS | 9307 S INDIAN RIVER DR | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | FT PIERCE FL | 1.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TARANT, WILLIAM E | 2.2 NAME | |
| STREET ADDRESS | 2800 N A1A APT 1008 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | N HUTCHINSON ISLAND FL | 2.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ROHN, SCOTT M | 3.2 NAME | |
| STREET ADDRESS | 5805 PALM DR | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | FT. PIERCE FL | 3.4 CITY-ST-ZIP | |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DECASTRO, R.A. | 4.2 NAME | D FOWLER, DAVID M. |
| STREET ADDRESS | 1539-C PHEASANT WALK | 4.3 STREET ADDRESS | 436 PENINSULA DR. |
| CITY-ST-ZIP | FT. PIERCE FL 34950 | 4.4 CITY-ST-ZIP | FT. PIERCE, FL 34946 |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MOORE, DANNIE C | 5.2 NAME | |
| STREET ADDRESS | 2007 S EDWARDS RD | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | FT. PIERCE FL | 5.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SIMARI, LLOYD JOSEPH | 6.2 NAME | |
| STREET ADDRESS | 1104 TRINIDAD AVE | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | FT. PIERCE FL | 6.4 CITY-ST-ZIP | |

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: *SB Bisch* **TUBBILUSHED** 1/23/98 561-466-6010

CF2E037 (10/97)