

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 09 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000000967 (8)

1. Corporation Name

WINTER GARDEN LODGE NUMBER 2165 OF THE BENEVOLENT AND PROTECTIVE ORDER OF ELKS OF THE UNITED STATES

Principal Place of Business

700 S. 9TH ST.
WINTER GARDEN FL 34787

Mailing Address

700 S. 9TH ST.
WINTER GARDEN FL 34787-4022



3. Date Incorporated or Qualified
02/27/1995

3a. Date of Last Report
04/10/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
59-6072251

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

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

JOHN L. MOORE
700 S. 9TH ST.
WINTER GARDEN FL 34787

81 Name

RICHARD L. COTHERN

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

909 ALASKA DRIVE

83

84 City

OCOE

FL

85 Zip Code

34761

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

Richard L. Cothern

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 ☒ DELETE

NAME DP
MOORE, JOHN L.
STREET ADDRESS 700 S. 9TH ST.
CITY-ST-ZIP WINTER GARDEN FL

TITLE ☒ DELETE

NAME D
BROWNING, BOB
STREET ADDRESS 636 JAY ST.
CITY-ST-ZIP OCOEE FL

TITLE ☒ DELETE

NAME D
COTHERN, RICHARD L.
STREET ADDRESS 909 ALASKA DR.
CITY-ST-ZIP OCOEE FL

TITLE ☐ DELETE

NAME D
PORTER, TRAVIS
STREET ADDRESS 144 E. STORY RD.
CITY-ST-ZIP WINTER GARDEN FL

TITLE ☒ DELETE

NAME DS
HANNA RICHARD
STREET ADDRESS 306B GENEVA ST.
CITY-ST-ZIP OCOEE FL

TITLE ☐ DELETE

NAME DT
DANGLER, ROBERT
STREET ADDRESS 2803 MARSALA CRT.
CITY-ST-ZIP ORLANDO FL

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME DP
1.3 STREET ADDRESS Richard L. Cothern
1.4 CITY-ST-ZIP 909 Alaska Drive
Ocoee, FL 34761

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME D
2.3 STREET ADDRESS George Laberee, Sr.
2.4 CITY-ST-ZIP 51 Orange Tree Circle
Winter Garden, FL 34787

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME D
3.3 STREET ADDRESS Travis Porter
3.4 CITY-ST-ZIP 144 E. Story Road
Winter Garden, FL 34787

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME D
4.3 STREET ADDRESS Bruce Stigall
4.4 CITY-ST-ZIP 6204 Mission Drive
Orlando, FL 32810

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME DS
5.3 STREET ADDRESS Jerry Luke
5.4 CITY-ST-ZIP 584 Bay St., Apt. 570
Winter Garden, FL 34787

6.1 TITLE ☐ Change ☐ 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 *Richard L. Cothern*

3-10-97 (6-27-97) 2-1-97

CR2E037 (9/96)