

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90136 012 ****61.25

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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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
02/27/1995

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-6072251

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LABEREE, GEORGE S
51 ORANGE TREE CIR
WINTER GARDEN FL 34787

81 Name PORTER, TRAVIS
82 Street Address (P.O. Box Number is Not Acceptable) 144 E. STORY RD
83
84 City WINTER GARDEN FL 85 Zip Code 34787

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

Travis Porter

DATE

4/12/99

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

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE T DELETE
NAME LABEREE, GEORGE
STREET ADDRESS 51 ORANGE TREE CIR
CITY-ST-ZIP WINTER GARDEN FL 34787

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE T DELETE
NAME OVERSTREET, BILL
STREET ADDRESS 6022 WALBRIDGE ST
CITY-ST-ZIP ORLANDO FL 32809

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE T DELETE
NAME BEAVERS, GENE
STREET ADDRESS 16363 SANDHILL RD
CITY-ST-ZIP WINTER GARDEN FL

3.1 TITLE D-Secretary ☒ Change ☐ Addition
3.2 NAME JERRY BALLEET
3.3 STREET ADDRESS 16702 DAVENPORT RD
3.4 CITY-ST-ZIP WINTER GARDEN FL 34787

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

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D DELETE
NAME STIGALL, BRUCE
STREET ADDRESS 6204 MISSION DRIVE
CITY-ST-ZIP ORLANDO FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DT DELETE
NAME Dangler, Robert
STREET ADDRESS 2803 MARSALA CRT.
CITY-ST-ZIP ORLANDO FL

6.1 TITLE D-Treasurer ☒ Change ☐ Addition
6.2 NAME M. M. LITTLE
6.3 STREET ADDRESS 1006 BUCKLEY WAY
6.4 CITY-ST-ZIP ORLANDO FL 32818

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

4/12/99 402 297 8380

Date

Daytime Phone #

CR2E037 (11/98)