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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # N95000000967

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 <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 | | |

| | | | | | | | |
|---|--|--|--|--|--|----|----|
| 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 | 85 | FL |

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 | <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LABEREE, GEORGE | 1.2 NAME | |
| STREET ADDRESS | 51 ORANGE TREE CIR | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | WINTER GARDEN FL 34787 | 1.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | OVERSTREET, BILL | 2.2 NAME | |
| STREET ADDRESS | 6022 WALBRIDGE ST | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | ORLANDO FL 32809 | 2.4 CITY-ST-ZIP | |
| TITLE | <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BEAVERS, GENE | 3.2 NAME | D-Secretary |
| STREET ADDRESS | 16363 SANDHILL RD | 3.3 STREET ADDRESS | FERRY BALLEET |
| CITY-ST-ZIP | WINTER GARDEN FL | 3.4 CITY-ST-ZIP | 16702 DAVENPORT RD |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PORTER, TRAVIS | 4.2 NAME | |
| STREET ADDRESS | 144 E. STORY RD. | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | WINTER GARDEN FL | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STIGALL, BRUCE | 5.2 NAME | |
| STREET ADDRESS | 6204 MISSION DRIVE | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | ORLANDO FL | 5.4 CITY-ST-ZIP | |
| TITLE | <input checked="" type="checkbox"/> DELETE | 6.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DANGLER, ROBERT | 6.2 NAME | D-Treasurer |
| STREET ADDRESS | 2803 MARSALA CRT. | 6.3 STREET ADDRESS | M. M. LITTLE |
| CITY-ST-ZIP | ORLANDO FL | 6.4 CITY-ST-ZIP | 1006 BUCKLEY WAY |

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: Travis Porter DATE: 4/12/99 DAYTIME PHONE: 407 297 8380
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)