

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N95000001996 (6)
 1. Corporation Name

CLERMONT-GROVELAND ELKS LODGE, #1848, INC.



Principal Place of Business 705 WEST MINNEOLA AVENUE CLERMONT FL 34712		Mailing Address 705 WEST MINNEOLA AVENUE CLERMONT FL 34712		3. Date Incorporated or Qualified 04/24/1995	3a. Date of Last Report
2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-0699166		Applied For Not Applicable	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	Country 30	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 SCHULTZ, JAMES H 705 WEST MINNEOLA AVENUE CLERMONT FL 34712				10. Name and Address of New Registered Agent	
81 Name				85 Zip Code	
82 Street Address (P.O. Box Number is Not Acceptable)				FL	
83					
84 City					

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	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	ROBERT D. EYERLY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALEWINE, ERNEY	1.2 NAME	800 96 GROVELAND ESTD.
STREET ADDRESS	767 EAST MINNEHAHA	1.3 STREET ADDRESS	GROVELAND, FL 34736
CITY-ST-ZIP	CLERMONT FL 34711	1.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHULTZ, JAMES H	2.2 NAME	
STREET ADDRESS	POST OFFICE BOX 120295 N/A	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLERMONT FL 34712	2.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	3.1 TITLE	TALLEN M. BURDEN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ST. JOHN, CHEIS	3.2 NAME	PO. BOX 56063
STREET ADDRESS	723 MONTROSE STREET	3.3 STREET ADDRESS	MONTVERDE, FL 34756
CITY-ST-ZIP	CLERMONT FL 34711	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LADD, JOHN	4.2 NAME	
STREET ADDRESS	11415 HARDER ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLERMONT FL 34711	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICCOLI, DENNIS	5.2 NAME	
STREET ADDRESS	8605 BAILEY DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	CLERMONT FL 34711	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	DONALD S. OLIVER BAUM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREEMAN, ALAN	6.2 NAME	1752 MONTROSE ST.
STREET ADDRESS	11201 SKYWAY DRIVE	6.3 STREET ADDRESS	CLERMONT, FL 34711
CITY-ST-ZIP	CLERMONT FL 34711	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Robert D. Eyerly 6/10/96 (352) 394-3918
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/96)