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Apr 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 34711-2115
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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	29 30

3. Date Incorporated or Qualified 04/24/1995	3a. Date of Last Report 06/17/1996
4. FEI Number 59-0699166	Applied For <input type="checkbox"/> Not Applicable
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
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 Robert D. Eyerly
82 Street Address (P.O. Box Number is Not Acceptable) 705 West Minneola Ave.
83
84 City Clermont
85 Zip Code FL 34712

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 **Robert D. Eyerly, Secretary** *Robert D. Eyerly* April 8, 1997

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	EYERLY, ROBERT D	
STREET ADDRESS	8009 GROVEMONT EST. RD.	
CITY-ST-ZIP	GROVELAND FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SCHULTZ, JAMES H	
STREET ADDRESS	POST OFFICE BOX 120295 N/A	
CITY-ST-ZIP	CLERMONT FL 34712	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BURDEN, ALLEN M	
STREET ADDRESS	P.O. BOX 560163	
CITY-ST-ZIP	MONTVERDE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LADD, JOHN	
STREET ADDRESS	11415 HARDER ROAD	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NICCOLI, DENNIS	
STREET ADDRESS	8605 BAILEY DRIVE	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BAUM, DONALD J OLIVER	
STREET ADDRESS	752 MONTROSE ST.	
CITY-ST-ZIP	CLERMONT FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	P Alan G. Freeman
1.3 STREET ADDRESS	11945 Burton St.
1.4 CITY-ST-ZIP	Clermont, Fl. 34711
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	S Eyerly, Robert D.
2.3 STREET ADDRESS	8009 Grovemont Est. Rd.
2.4 CITY-ST-ZIP	8009 Grovemont Est. Rd.
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Same as 12.
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Same as 12.
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Same as 12.
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	D Olivenbaum, Donald J.
6.3 STREET ADDRESS	752 Montrose St.
6.4 CITY-ST-ZIP	Clermont, Fl. 34711

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.07(3)(b), 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* Robert D. Eyerly, Secretary

CR2E037 (9/96)