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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

Mailing Address

**705 WEST MINNEOLA AVENUE
CLERMONT FL 34712**

**705 WEST MINNEOLA AVENUE
CLERMONT FL 34711-2115**

3. Date Incorporated or Qualified
04/24/1995

3a. Date of Last Report
06/17/1996

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
59-0699166

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

**SCHULTZ, JAMES H
705 WEST MINNEOLA AVENUE
CLERMONT FL 34712**

81 Name **Robert D. Eyerly**
82 Street Address (P.O. Box Number is Not Acceptable)
705 West Minneola Ave.
83
84 City **Clermont** **FL** 85 Zip Code **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

April 8, 1997

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	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	

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	P
1.3 STREET ADDRESS	Alan G. Freeman
1.4 CITY-ST-ZIP	11945 Burton St.
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	S
2.3 STREET ADDRESS	Eyerly, Robert D.
2.4 CITY-ST-ZIP	8009 Grovemont Est. Rd.
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Groveland, Fl. 34736
3.3 STREET ADDRESS	Same as 12.
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	Same as 12.
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	Same as 12.
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	D
6.3 STREET ADDRESS	Olivenbaum, Donald J.
6.4 CITY-ST-ZIP	752 Montrose St.

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, Secretary

CR2E037 (9/96)