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Mar 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 34712

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

b. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/24/1995

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

1.1 TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

S  
EYERLY, ROBERT D  
8009 GROVEMONT EST. RD.  
GROVELAND FL

1.1 TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

P  
FREEMAN, ALAN G  
11945 BURTON STREET  
CLERMONT FL

1.1 TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

T  
BURDEN, ALLEN M  
P.O. BOX 580183  
MONTVERDE FL

1.1 TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D  
LADD, JOHN  
11415 HARDER ROAD  
CLERMONT FL 34711

1.1 TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D  
NICCOLI, DENNIS  
8805 BAILEY DRIVE  
CLERMONT FL 34711

1.1 TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D  
OLIVENBAUM, DONALD J  
752 MONTROSE ST  
CLERMONT FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

S  
Robert D. Eyerly  
8009 Grovemont Est. Rd.  
Groveland, FL 34736

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

B  
Joseph Eberline  
576 Minneola Ave.  
Clermont, FL 34711

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

T  
Allen M Burden  
P.O. Box 580183 16715 Ridgewood  
Montverde, FL 34756 Ave.

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

D  
John Ladd  
11415 Harder Road  
Clermont, FL 34711

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

D  
Dennis Niccoli  
590 East Lake Shore Dr.  
Clermont, FL 34711

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

D  
Donald J. Olivenbaum  
752 Montrose St.  
Clermont, FL 34711

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.

SIGNATURE:

Feb. 23, 1998 (352) 394-3918

CR2E037 (10/97)