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Mar 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morthaus 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 34712
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 25	Country 30
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3. Date Incorporated or Qualified 04/24/1995		
4. FEI Number 59-0699166	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		



9. Name and Address of Current Registered Agent

**EYERLY, ROBERT D
705 WEST MINNEOLA AVE
CLERMONT FL 34712**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> DELETE
NAME	EYERLY, ROBERT D	
STREET ADDRESS	8009 GROVEMONT EST. RD.	
CITY-ST-ZIP	GROVELAND FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	FREEMAN, ALAN G	
STREET ADDRESS	11045 BURTON STREET	
CITY-ST-ZIP	CLERMONT FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BURDEN, ALLEN M	
STREET ADDRESS	P.O. BOX 580183	
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	8005 BAILEY DRIVE	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	D	<input type="checkbox"/> DELETE
NAME	OLIVENBAUM, DONALD J	
STREET ADDRESS	752 MONTROSE ST	
CITY-ST-ZIP	CLERMONT FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	S
1.3 STREET ADDRESS	Robert D. Eyerly
1.4 CITY-ST-ZIP	8009 Grovemont Est. Rd. Groveland, Fl. 34736
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Joseph Eberline
2.3 STREET ADDRESS	576 Minneola Ave.
2.4 CITY-ST-ZIP	Clermont, Fl. 34711
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	T
3.3 STREET ADDRESS	Allen M Burden
3.4 CITY-ST-ZIP	P.O. Box 580183 16715 Ridgewood Montverde, Fl. 34756
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	D
4.3 STREET ADDRESS	John Ladd
4.4 CITY-ST-ZIP	11415 Harder Road Clermont, Fl. 34711
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D
5.3 STREET ADDRESS	Dennis Niccoli
5.4 CITY-ST-ZIP	590 East Lake Shore Dr. Clermont, Fl. 34711
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	D
6.3 STREET ADDRESS	Donald J. Olivenbaum
6.4 CITY-ST-ZIP	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: *Robert D. Eyerly* Feb. 23, 1998 (358) 394-3918

CR2E037 (10/97)