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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N95000001996

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

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

04/24/1995

22 City & State

27 City & State

4. FEI Number

Applied For
 Not Applicable

59-0699166

23 Zip Country

28 Zip Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip Country

29 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EYERLY, ROBERT D
 705 WEST MINNEOLA AVE
 CLERMONT FL 34712

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE

1.1 TITLE Change Addition

NAME EYERLY, ROBERT D
 STREET ADDRESS 8009 GROVEMONT EST. RD.
 CITY-ST-ZIP GROVELAND FL 34736

1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE DELETE

2.1 TITLE Change Addition

NAME FREEMAN, ALAN G
 STREET ADDRESS 11945 BURTON STREET
 CITY-ST-ZIP CLERMONT FL

2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE DELETE

3.1 TITLE Change Addition

NAME BURDEN, ALLEN M
 STREET ADDRESS 16715 RIDGEWOOD AVE.
 CITY-ST-ZIP MONTVERDE FL

3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE DELETE

4.1 TITLE Change Addition

NAME LADD, JOHN
 STREET ADDRESS 11415 HARDER ROAD
 CITY-ST-ZIP CLERMONT FL 34711

4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE DELETE

5.1 TITLE Change Addition

NAME NICCOLI, DENNIS
 STREET ADDRESS 8605 BAILEY DRIVE
 CITY-ST-ZIP CLERMONT FL 34711

5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE

6.1 TITLE Change Addition

NAME OLIVENBAUM, DONALD J
 STREET ADDRESS 752 MONTROSE ST
 CITY-ST-ZIP CLERMONT FL

6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

Robert D Eyerly
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/99

Date

(352) 395-3915

Daytime Phone #

CR2E037 (1/98)