

FILE NOW: FILING FEE IS \$61.25

FILED
May 13 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **722251** (6)

1. Corporation Name

NORTH MIAMI ELKS LODGE 1835, INC.

Principal Place of Business

Mailing Address

**12495 NE 2ND AVENUE
NORTH MIAMI FL 33161**

**12495 NE 2ND AVENUE
NORTH MIAMI FL 33161-5336**



| | | | | | | | |
|--------------------------------|--|------------------------|--|--|--|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 12/13/1971 | | 3a. Date of Last Report 05/01/1996 | |
| 21 Suite, Apt. #, etc. | | 26 Suite, Apt. #, etc. | | 4. FEI Number 59-0678389 | | Applied For Not Applicable | |
| 22 City & State | | 27 City & State | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 23 Zip | | 28 Zip | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 24 Country | | 29 Country | | 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

10. Name and Address of New Registered Agent

**DELUCCA, ANTHONY J, SR
14370 NE 4TH AVE
MIAMI FL 33161**

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 | PD | 1.1 TITLE | PD |
| NAME | MOGEL, EDWARD L | 1.2 NAME | JAMES SUMMEY, JR |
| STREET ADDRESS | 12495 NE 2ND AVENUE | 1.3 STREET ADDRESS | 12495 NE 2 AVE |
| CITY-ST-ZIP | N MIAMI FL | 1.4 CITY-ST-ZIP | NORTH MIAMI FL 33161 |
| TITLE | DT | 2.1 TITLE | TD |
| NAME | WHITE, JAMES E | 2.2 NAME | JAMES E WHITE |
| STREET ADDRESS | 12495 NE 2ND AVE | 2.3 STREET ADDRESS | 12495 NE 2 AVE |
| CITY-ST-ZIP | NORTH MIAMI FL | 2.4 CITY-ST-ZIP | NORTH MIAMI FL 33161 |
| TITLE | DV | 3.1 TITLE | VD |
| NAME | MORRILL, HOWARD A. JR. | 3.2 NAME | ROBERT TARVIN, JR |
| STREET ADDRESS | 12495 NE 2ND AVENUE | 3.3 STREET ADDRESS | 12495 NE 2 AVE |
| CITY-ST-ZIP | NORTH MIAMI FL | 3.4 CITY-ST-ZIP | NORTH MIAMI FL 33161 |
| TITLE | SD | 4.1 TITLE | D |
| NAME | LEVENSOM, JAMES D | 4.2 NAME | JOSEPH ORTIZ, SR |
| STREET ADDRESS | 12495 NE 2ND AVE | 4.3 STREET ADDRESS | 12495 NE 2 AVE |
| CITY-ST-ZIP | N MIAMI FL | 4.4 CITY-ST-ZIP | NORTH MIAMI FL 33161 |
| TITLE | ATD | 5.1 TITLE | D |
| NAME | DELUCCA, ANTHONY J SR. | 5.2 NAME | NICOLAS ORTIZ |
| STREET ADDRESS | 12495 N.E. 2ND AVE. | 5.3 STREET ADDRESS | 12495 NE 2 AVE |
| CITY-ST-ZIP | N. MIAMI FL | 5.4 CITY-ST-ZIP | NORTH MIAMI FL 33161 |
| TITLE | DT | 6.1 TITLE | D |
| NAME | GRADY, HAROLD E. J | 6.2 NAME | SAM SANFILIPPO |
| STREET ADDRESS | 12495 NE 2ND AVE. | 6.3 STREET ADDRESS | 12495 NE 2 AVE |
| CITY-ST-ZIP | NORTH MIAMI FL | 6.4 CITY-ST-ZIP | NORTH MIAMI FL 33161 |

14. I do 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:

James D. Levenson **SIGNATURE REQUIRED. LEVENSON**

Date

4/29/97 305-681-5151

Daytime Phone # 0031701

CR2E037 (9/96)

NORTH MIAMI ELKS LODGE 1836, INC.

ADDITIONAL DIRECTORS

D

**FRANK TEACHMAN
129495 NE 2 AVE
NORTH MIAMI FL 33161**

D

**PAUL TURICK
12495 NE 2 AVE
NORTH MIAMI FL 33161**

D

**[REDACTED]
[REDACTED]
[REDACTED]**

D

**EDWARD TRAINOR
12495 NE 2 AVE
NORTH MIAMI FL 33161**

D

**RICHARD PETERSON
12495 NE 2 AVE
NORTH MIAMI FL 33161**

D

**RAUL M. GOMEZ
12495 NE 2 AVE
NORTH MIAMI FL 33161**

D

**PHILIP FERRARI
12495 NE 2 AVE
NORTH MIAMI FL 33161**

D

**CHARLES KNOX
12495 NE 2 AVE
NORTH MIAMI FL 33161**

TOTAL IS DIRECTORS

**#
DOCUMENT 722251**