

FILE NOW: FILING FEE IS \$61.25

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May 12 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 # **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**

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

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	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SUMMEY, JAMES J			1.2 NAME	Ortiz, Joseph A.		
STREET ADDRESS	12495 N.E. 2 AVE.			1.3 STREET ADDRESS	1000 N.W. 150 Street		
CITY-ST-ZIP	N MIAMI FL			1.4 CITY-ST-ZIP	Miami, FL 33168-2028		
TITLE	TD	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WHITE, JAMES E			2.2 NAME			
STREET ADDRESS	12495 NE 2ND AVE			2.3 STREET ADDRESS			
CITY-ST-ZIP	NORTH MIAMI FL			2.4 CITY-ST-ZIP			
TITLE	VD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	VD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TARVIN, ROBERT J			3.2 NAME	Ortiz, Nicolas		
STREET ADDRESS	12495 NE 2ND AVENUE			3.3 STREET ADDRESS	110 N.E. 135 Street		
CITY-ST-ZIP	NORTH MIAMI FL			3.4 CITY-ST-ZIP	North Miami, FL 33161-2733		
TITLE	SD	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	SD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LEVENSON, JAMES D			4.2 NAME	Palm, Julie		
STREET ADDRESS	12495 NE 2ND AVE			4.3 STREET ADDRESS	1220 N.E. 153 Street		
CITY-ST-ZIP	N MIAMI FL			4.4 CITY-ST-ZIP	No.Mia.Bch., FL 33162		
TITLE	ATD	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DELUCCA, ANTHONY J SR.			5.2 NAME			
STREET ADDRESS	12495 N.E. 2ND AVE.			5.3 STREET ADDRESS			
CITY-ST-ZIP	N. MIAMI FL			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SANFILIPPO, SAM			6.2 NAME			
STREET ADDRESS	12495 NE 2ND AVE.			6.3 STREET ADDRESS			
CITY-ST-ZIP	NORTH MIAMI FL			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.

SIGNATURE:

Joseph A. Ortiz 4-28-98 305/681-5151

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