SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT **1999**

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

FILED
99 OCT -5 PM 8:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

001437

DOCUMENT # **711627**

1. Corporation Name
FORT LAUDERDALE LODGE NO. 1517, BENEVEOLENT AND PROTECTIVE ORDER OF ELKS OF THE UNITED STATES OF

Principal Place of Business	Mailing Address
701 S. FED. HWY.	701 S. FED. HWY.
FT LAUDERDALE FL 33316	FT LAUDERDALE FL 33316
US	US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 10/13/1966
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-0241532 — Applied For / Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ — $8.75 Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	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
TWIST, SUSAN	81 Name
1814 SW 29TH ST	82 Street Address (P.O. Box Number is Not Acceptable)
FT. LAUDERDALE FL 33315	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	T ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	RUSHING, KENDALL E	1.2 NAME	
STREET ADDRESS	13180 S.W. 7TH PLACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL 33325	1.4 CITY-ST-ZIP	
TITLE	P ☒ DELETE	2.1 TITLE	P ☐ Change ☒ Addition
NAME	TWIST, SUSAN	2.2 NAME	[redacted] McELMEEL, PATRICK
STREET ADDRESS	1814 SW 29TH ST	2.3 STREET ADDRESS	2029 N. OCEAN DRIVE
CITY-ST-ZIP	FT. LAUDERDALE FL 33315	2.4 CITY-ST-ZIP	Ft. Lauderdale FL 33305
TITLE	T ☐ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME	ENOS, RAYMOND J	3.2 NAME	
STREET ADDRESS	4025 N FEDERAL HWY	3.3 STREET ADDRESS	1800 SW 12th St Apt. 110
CITY-ST-ZIP	FT LAUDERDALE FL	3.4 CITY-ST-ZIP	Ft. Lauderdale Fl. 33315
TITLE	S ☐ DELETE	4.1 TITLE	S ☒ Change ☐ Addition
NAME	STRICKLAND, RAY	4.2 NAME	SAME
STREET ADDRESS	821 SE 12TH COURT #10	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33316	4.4 CITY-ST-ZIP	
TITLE	T ☒ DELETE	5.1 TITLE	T ☐ Change ☒ Addition
NAME	O'OCONNOR, JAMES J.	5.2 NAME	BOLEN, ROBERT
STREET ADDRESS	3000 MARCOS DR	5.3 STREET ADDRESS	1101 SE 8th Street
CITY-ST-ZIP	AVENTURA FL 33160	5.4 CITY-ST-ZIP	Ft Lauderdale, FL 33316
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	600003016266--7	6.2 NAME	TS
STREET ADDRESS	-10/18/99--01003--002	6.3 STREET ADDRESS	
CITY-ST-ZIP	*****61.25 *****61.25	6.4 CITY-ST-ZIP	

CR2E037 (5/99)

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: [illegible] REQUIRED Strickland 9/27/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #