

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 701002 (8)

1. Corporation Name

TITUSVILLE LODGE NO. 2113, BENEVOLENT AND PROTECTIVE ORDER OF ELKS OF THE UNITED STATES OF AMERICA

Principal Place of Business

Mailing Address

2955 COLUMBIA BLVD.
PO BOX 2137
TITUSVILLE FL 32781-2137

2955 COLUMBIA BLVD.
PO BOX 2137
TITUSVILLE FL 32781-2137



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

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25

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9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

05/23/1974

3a. Date of Last Report

03/15/1995

4. FEI Number

59-0919035

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes

☒ No

10. Name and Address of New Registered Agent

FREMENTO, PHILIP F.
1755 HARRISON ST #128
1590 BLUEBERRY DR.
TITUSVILLE FL 32780

81 Name

FREMENTO Philip F.

82 Street Address (P.O. Box Number is Not Acceptable)

1590 Blueberry Dr

83

84

City Titusville

FL

85

Zip Code 32780

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

Philip F. Fremento

(NOTE: Registered Agent signature required when reinstating)

3-1-96

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME LIESE, DONALD G.
STREET ADDRESS 820 LORETTA DR
CITY-ST-ZIP TITUSVILLE, FL 00000

☐ DELETE

TITLE S
NAME PHILLIPS, MICHAEL
STREET ADDRESS 1550 JUSTIN CT.
CITY-ST-ZIP TITUSVILLE FL

☐ DELETE

TITLE D
NAME HARRIS, JOHN
STREET ADDRESS 2805 FOREST RUN DR.
CITY-ST-ZIP MELBOURNE FL

☐ DELETE

TITLE T
NAME MADERY, GERALD L.
STREET ADDRESS 1940 AUTUMN DR.
CITY-ST-ZIP TITUSVILLE FL

☐ DELETE

TITLE D
NAME LAWRENCE, ANDREW J
STREET ADDRESS 1556 POWDER HORN RD
CITY-ST-ZIP TITUSVILLE FL

☒ DELETE

TITLE VP
NAME NICKERSON, GARY
STREET ADDRESS 1726 N. SINGLETON AVE.
CITY-ST-ZIP TITUSVILLE FL

☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

D

NICKERSON GARY
1726 N. SINGLETON AVE.
Titusville FL

☒ Change

☐ Addition

VP

MILFORD, MIKE
2605 Columbia Blvd.
Titusville, FL

☐ Change

☒ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Michael Phillips, Sec. MICHAEL PHILLIPS 3/23/96 (407) 253-0303

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)