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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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 PROTEC TIVE ORDER OF ELKS OF THE UNITED STATES OF AMERI

Principal Place of Business	Mailing Address
2955 COLUBIA BLVD. PO BOX 2137 TITUSVILLE FL 32781-2137	2955 COLUBIA BLVD. PO BOX 2137 TITUSVILLE FL 32781-2137

3. Date Incorporated or Qualified: 05/23/1974
3a. Date of Last Report: 03/07/1996

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

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

9. Name and Address of Current Registered Agent

FREMENTO, PHILIP F.
1590 BLUEBERRY DRIVE
TITUSVILLE FL 32780

10. Name and Address of New Registered Agent

81 Name: RONALD W. GROAT
82 Street Address (P.O. Box Number is Not Acceptable): 1720 CONAN CIR
83
84 City: TITUSVILLE FL 85 Zip Code: 32796

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: RONALD W. GROAT 7/21/97
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LIESE, DONALD G. 820 LORETTA DR TITUSVILLE, FL 00000	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD HAROLD MOSER 2340 SOUTHWEST CIR TITUSVILLE FL. 32780 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S PHILLIPS, MICHAEL 1550 JUSTIN CT. TITUSVILLE FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HARRIS, JOHN 2805 FOREST RUN DR. MELBOURNE FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MADERY, GERALD L. 1940 AUTUMN DR. TITUSVILLE FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NICKERSON, GARY 1726 NORTH SINGLETON AVENUE TITUSVILLE FL	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	PD NICKERSON, GARY 1726 N. SINGLETON AVE TITUSVILLE FL 32796 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MILFORD, MIKE 2805 COLUMBIA BLVD TITUSVILLE FL	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/96)

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: JOHN D. HARRIS 4/16/97 867-5326
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Phone #