1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 701002

1. Corporation Name

TITUSVILLE LODGE NO. 2113, BENEVOLENT AND PROTEC TIVE ORDER OF ELKS OF THE UNITED STATES OF AMERI

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

2. Principal Place of Business

21

Mailing Address

2955 COLUBIA BLVD. PO BOX 2137

2a. Mailing Address

26

TITUSVILLE FL 32781-2137

FILED Apr 20, 1999 8:00 am § Secretary of State

04-20-1999 90062 012 ****61.25



3. Date Incorporated or Qualifed

05/23/1974

Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number 59-091903			App	blied For
22		27				15 -		2 Not	Applicable
City & State	City & State	ty & State			Status Desired		\$8.75 A	dditional	
23		28			5. Centicate of	Status Desired		Fee Rec	uired
20		Zip	Zip Country			paign Financing	_	\$5.00	May Be
24	25		30		Trust Fund C	ontribution		Added to	Fees
	9. Name and Address of Current		, I		10. Name and A	ddress of New	Registered A	Agent	
		r	81	Name	_		-		
ALANOTAL ADT			-	(B.O. B. Al. A		hla\			
HANSEN, ART			82 Street Addres		Idress (P.O. Box Numb	er is not accept	able)		
6031 BARNA AVE		_	83						
TITUSVILLE FL 32780									
in the section	HUHLLEN	Smon_	84	City			FL	85 Zip C	
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.									
4/9/59									
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: Re	gistered Agen	t signature req	uired when reinstating)		DATE		
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/C	HANGES TO OF	FICERS AN		
TITLE	D	☐ DELETE	1.1 TITLE	7	D.	_		Change	Addition
NAME	GALLAGHER, FRED		1.2 NAME	- 14	HARNISH,	5 AMES	>		
STREET ADDRESS	ARTON AND ENGINEERS OF THE PROPERTY OF THE PRO		1.3 STREET ADDRESS 2365 MURNING DOVE WHY						
CITY-ST-ZIP	TITUSVILLE, FL 00000 32796		1.4 CITY-ST-ZIP		TITUSVIL	1c FL	3278	30	
TITLE	S	DELETE	2.1 TITLE		D.	_		Change	Addition
NAME	PHILLIPS, MICHAEL		2.2 NAME	1	n ADERY, G	ERALD			
STREET ADDRESS	1550 JUSTIN CT.		2.3 STREET	ADDRESS	1940 Hut	I WAN DE	7		ı.
CITY-ST-ZIP	TITUSVILLE FL	ا سسه الاست	2.4 CITY-S	Ť-ZIP	Titusville	<u>: Fl 32</u>	1780	<u> </u>	- *
πLE	D DELETE 3.		3.1 TITLE	1				☐ Change	Addition
NAME	HARRIS, JOHN		3.2 NAME						
STREET ADDRESS	2805 FOREST RUN DR.		3.3 STREET ADDRESS						-
CITY-ST-ZIP	MELBOURNE FL		3.4. CITY-S	T-ZIP					
TITLE	T DOELETE		4.1 TITLE					Change	☐ Addition
NAME	COWAN, DUANE	•	4.2 NAME	1					
STREET ADDRESS	5495 BARNA AVE		4.3 STREET	ADDRESS					
CITY-ST-ZIP	TITUSVILLE FL 32980		4.4 CITY-S	r-zip					
TITLE	PD	☐ DELETE	5.1 TITLE					Change	Addition
NAME	NICKERSON, GARY		5.2 NAME						1
STREET ADDRESS	1726 N SINGLETON AVE		5.3 STREET	ľ					1
CITY-ST-ZIP	TITUSVILLE FL		5.4 CITY-S	T-ZIP			_		
TITLE	VP	DELETE	6.1 TITLE					Change	☐ Addition
NAME	REILLY, FRANCIS	· \	6.2 NAME						ļ
STREET ADDRESS	506 LAKE DRIVE		6.3 STREET	ADDRESS					Ì
	TITLICANIE EL 20790		64 CITY-S	T-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, with all other like empowered.

SIGNATURE

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

19.99

268-2111

CR2E037 (11/98)