FILE NOW: FILING FEE AFTER MAY 1 IS $150.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 19 AM 8:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 708980 (8)

1. Corporation Name

HOLIDAY ISLES LODGE NO.1912 INC., BENEVOLENT AND PROTECTIVE ORDER OF ELKS OF THE UNITED STATES O

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
VOLENT AND PROTECTIVE ORDER OF ELKS OF 14111 E. PARSLEY DRIVE, BOX 6066 MADEIRA BEACH FL 33708	VOLENT AND PROTECTIVE ORDER OF ELKS OF 14111 E. PARSLEY DRIVE, BOX 6066 MADEIRA BEACH FL 33708

3. Date Incorporated or Qualified: 05/19/1965
3a. Date of Last Report: 04/14/1994
4. FEI Number: 59-2210992 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

KIERSTEAD, ARTHUR R.
8631 - 118TH WAY N.
SEMINOLE FL 34642

10. Name and Address of New Registered Agent

81 Name: KOONTZ, RICHARD
82 Street Address (P.O. Box Number is Not Acceptable): 10346 PARADISE BLVD
83: APT 24
84 City: TREASURE ISLAND FL 85 Zip Code: 33706

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Richard Koontz 4/14/95
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	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	SMITH, LARRY W	1.2 NAME	ROBERT FALTYNSKI	
STREET ADDRESS	14210 E PASLEY DR	1.3 STREET ADDRESS	16214 3RD ST E	
CITY-ST-ZIP	MADEIRA BCH FL	1.4 CITY-ST-ZIP	REDINGTON Bch FL	
TITLE	V	2.1 TITLE	V DON HUNT	☒ Change ☐ Addition
NAME	FALTYNSKI, ROBERT	2.2 NAME	14800 GULF BLVD	
STREET ADDRESS	16214 3RD ST E	2.3 STREET ADDRESS	MADEIRA Bch FL 33708	
CITY-ST-ZIP	REDINGTON BCH FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE	D. CLIFFORD DUNAWAY	☒ Change ☐ Addition
NAME	COPPONI, CHARLES	3.2 NAME	600 76th AVE N APT 101 W	
STREET ADDRESS	7665 4TH AVE S	3.3 STREET ADDRESS	ST PETERSBURG, FL 33702	
CITY-ST-ZIP	ST PETERSBURG FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE	D. DON WELCH	☒ Change ☐ Addition
NAME	BOUDREAU, JOHN	4.2 NAME	751 11th AVE	
STREET ADDRESS	16303 REDINGTON DR.	4.3 STREET ADDRESS	ST PETERSBURG FL 33701	
CITY-ST-ZIP	REDINGTON BEACH FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☒ Change ☐ Addition
NAME	KOONTZ, RICHARD	5.2 NAME		
STREET ADDRESS	10365 PARADISE BLVD. #24	5.3 STREET ADDRESS		
CITY-ST-ZIP	TREASURE ISLAND FL	5.4 CITY-ST-ZIP		
TITLE	T	6.1 TITLE	T. WILLIAM GUILFOYLE	☒ Change ☐ Addition
NAME	LAIRD, GARY	6.2 NAME	10173 ASHLEY DR	
STREET ADDRESS	11700 8 ST EAST	6.3 STREET ADDRESS	SEMINOLE, FL 34642	
CITY-ST-ZIP	TREASURE ISLAND FL	6.4 CITY-ST-ZIP		

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: Richard D Koontz RICHARD KOONTZ 4/14/95 393-1545
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Daytime Phone #