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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 # 708980 (8)

1. Corporation Name

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

Principal Place of Business	Mailing Address
VOLENT AND PROTECTIVE ORDER OF ELKS OF 14111 E. PARSLEY DRIVE. BOX 8066 MADEIRA BEACH FL 33708	VOLENT AND PROTECTIVE ORDER OF ELKS OF 14111 E. PARSLEY DRIVE. BOX 8066 MADEIRA BEACH FL 33708-2346

3. Date Incorporated or Qualified: 05/19/1965
3a. Date of Last Report: 04/19/1996

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: 59-2210992 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KONTZ, RICHARD
10365 PARADISE BLVD #24
TREASURE ISLAND FL 33706

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	HUNT, DON		1.2 NAME	DUNAWAY, CLIFORD	
STREET ADDRESS	14800 GULF BLVD		1.3 STREET ADDRESS	600 76th AVE APT 101 W	
CITY-ST-ZIP	MADEIRA BEACH FL		1.4 CITY-ST-ZIP	ST PETERSBURG, FL	
TITLE	V	☒ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	DUNAWAY, CLIFORD		2.2 NAME	William PRICE	
STREET ADDRESS	600 76TH AVENUE, APT. 101W		2.3 STREET ADDRESS	3664 CAMINO CT	
CITY-ST-ZIP	ST. PETERSBURG FL		2.4 CITY-ST-ZIP	LARGO, FL 33771	
TITLE	D	☒ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	VAN HART, CARL		3.2 NAME	GUARCELLO, Nicholas	
STREET ADDRESS	175 116TH AVENUE, APT. 103		3.3 STREET ADDRESS	332 2ND ST W	
CITY-ST-ZIP	TREASURE ISLAND FL		3.4 CITY-ST-ZIP	TIERRA VERDE, FL	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	KELLER, JAMES		4.2 NAME		
STREET ADDRESS	401 150TH AVENUE, #261		4.3 STREET ADDRESS		
CITY-ST-ZIP	MADEIRA BEACH FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	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	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	GUILFOYLE, WILLIAM		6.2 NAME		
STREET ADDRESS	10173 ASHLEY DR		6.3 STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE FL		6.4 CITY-ST-ZIP		

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: Richard D. Kontz REQUIRED 4/10/97 813-392-4176
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0050576