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**NONPROFIT** CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # 711230 (3)

JACKSONVILLE BEACH LODGE NO. 1901 INC., BENEVOLE NT AND PROTECTIVE ORDER OF ELKS OF THE UNITED ST

| Principal Place of Business Mailing Address   |   |   |                               |  |                                       |
|---|---|---|-------------------------------|--|---------------------------------------|
| 628 1ST AVE NORTH P. O. BOX 50972 JACKSONVILLE BEACH FL 32250 JACKSONVILLE BEACH FL   |   |   | EL 20240 0070                 |  |                                       |
| US  | DE DENOTIFE DEED                                  | US  | L 32240-05/2                  |  | · · · · · · · · · · · · · · · · · · · |
|   |   |   |                               | 3. Date Incorporated or Qualified 07/20/1966 | 3a. Date of Last Report 05/01/1995    |
| <b>⊢</b> :  | ace of Business                                   | 2a. Mailing Address   |                               | 4. FEI Number                                | Applied For                           |
| Suite, Apt. #, etc.   |   | 26  |                               | <b>59-0711236</b> Not Applicable             |                                       |
| 22  |   | Suite, Apt. #, etc. 27  |                               | 5. Certificate of Status Desired             | \$8.75 Additional Fee Required        |
| City & State  |   | City & State  |                               | 6. Election Campaign Financing               | \$5.00 May Be                         |
| Zip   | Country   |   | Country                       | Trust Fund Contribution                      | Added to Fees                         |
| 24  | 25  | <del>                                     </del>  | Country<br>30                 | 8. This corporation has liability for int    |                                       |
|   | 9. Name and Address of Curren                     |   | 30                            | Florida Statutes                             | Yes No                                |
| 81 Name   |   |   |                               |  | gistered Agent                        |
| DAVNE   | P ID MEGEDYALL                                    |   | L.J                           | JAMES F. SMITH                               |                                       |
| HAYNES, JR. MEREDYTH J  |   |   | 82 Street A                   | Address (P.O. Box Number is Not Acceptable   | )                                     |
| 2091 SALLAS LANE  |   |   | 83                            | 1230 67H AV NOR7H                            |                                       |
| AILANI  | IC BCH FL 32233                                   |   | 63                            |  |                                       |
| •   |   |   | 84 City 2AC                   | KSONVILLE BEACH                              | FL 85 Zip Code 3 2 2 5 0              |
| 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, if 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 ]   | Signature Assert Innited hame of registered agent | Jent-   | Registered Agent signature re | 4-13-  | 96                                    |
| 12.   | OFFICERS AND                                      |   | 13.                           | ADDITIONS/CHANGES TO OFFICE                  | ERS AND DIRECTORS IN 12               |
| TITLE   | PD  | DELETE  | 11 TITLE                      | PD   | Change Addition                       |
| NAME  | HAYNES, MEREDYTH J. JR                            | <i>&gt;</i>   | 1.2 NAME                      | JAMES F. SMITH                               | Towns 1                               |
| STREET ADDRESS  | 2091 SALLAS LANE                                  |   | 1.3 STREET ADDRESS            | 1230 67H AV NORTH                            |                                       |
| CITY-ST-ZIP   | ATLANTIC BCH FL                                   |   | 1.4 City-St-ZiP               | ANCHEO MUTCLE DE ACH                         | 7/ 22250                              |
| TITLE   | VD  | DELETE  | 2.1 TITLE                     | JACKSONVILLE BEACH                           | Change                                |
| NAME  | SMITH, JAMES F.                                   |   | 2.2 NAME                      | · •  | A                                     |
| STREET ADDRESS  | 1230 6TH AVE., NORTH                              |   | 2.3 STREET ADDRESS            | GERALD CASTILLO                              |                                       |
| CITY-ST-ZIP   | JACKSONVILLE BCH FL                               |   | 2. 4 CITY-ST-ZIP              | 8 MEIR ROAD                                  |                                       |
| TITLE   | D   | DELETE  | 3.1 TITLE                     | BONTE VEDRA BEACH T                          | L 3 20 822 Addition                   |
| NAME  | CASTILLO, GERALD                                  |   | 3.2 NAME                      | MARK TONDREAULT                              |                                       |
| STREET ADDRESS  | 8 MEIR RD   |   | 3.3 STREET ADDRESS            | 20 MACKERAL ST                               |                                       |
| CITY-ST-ZIP   | POINTE VEDRA BCH FL                               |   | 3.4. CITY - ST- ZIP           | PONTE VEDRA BEACH F                          | L 32082 .                             |
| TITLE   | TD  | DELETE  | 4.1 TITLE                     | D  | Change Addition                       |
| NAME  | MEDLOCK, JOHN G.                                  | / \\  |                               | WILLIAM E. SMITH                             |                                       |
| STREET ADDRESS  | 2302 WINDJAMMER LANE                              |   |                               | 926 67H AV NORTH                             |                                       |
| CITY-ST-ZIP   | JACKSONVILLE FL                                   |   | 4.4 CITY-ST-ZIP               | JACKSONVILLE BEACH                           | T( 22250                              |
| TITLE   | DT  | DELETE  | 5.1 TITLE                     | girallessessessessessessessessessessessesses | Change Addition                       |
| NAME  | SMITH, GEOERGE C                                  |   | 5.2 NAME y                    | 4 Charles 4 com                              | _ ` =                                 |
| STREET ADDRESS  | 607 16TH AVE N                                    |   | 5.3 STREET ADDRESS            | 10000180                                     | 20 000<br>30 (1                       |
| CITY-ST-ZIP   | JACKSONVILLE BEACH FL                             |   | 54 CITY-ST-ZIP                | -05/06/960107<br>***61.25                    | <b>ロー・</b> U5な                        |
| TITLE   | DT  | DELETE  | 61 TITLE                      | **** <u>***</u>                              | ☐ Change ☐ Addition                   |
| NAME  | CROW, ROBERT J.                                   |   | 62 NAME                       |  |                                       |
| STREET ADDRESS  | 511 BOWLES ST                                     |   | 63 STREET ADDRESS             |  | 22.1                                  |
| CITY-ST-ZIP   | NEPTUNE BEACH FL                                  |   | 6.4 CITY-ST-ZIP               |  |                                       |
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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.

GNATURE:

| Constitution | C

**SIGNATURE:**