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May 19 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra E. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **711230** (3)

1. Corporation Name

**JACKSONVILLE BEACH LODGE NO. 1901 INC., BENEVOLENT AND PROTECTIVE ORDER OF ELKS OF THE UNITED STATES**

Principal Place of Business

Mailing Address

**628 1ST AVE., NORTH  
JACKSONVILLE BEACH FL 32250  
US**

**P. O. BOX 50972  
JACKSONVILLE BEACH FL 32240-0972  
US**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**07/20/1966**

4. FEI Number

**59-0711236**

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. Is this nonprofit corporation a homeowners association?

☐

Yes

☐

No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐

Yes

☐

No

10. Name and Address of New Registered Agent

81 Name

**Wilson Jr. William S.**

82 Street Address (R.O. Box Number is Not Acceptable)

**1363 Pine wood Rd**

83

84 City

**Jacksonville Beach**

FL

85 Zip Code

**32250**

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

*William S. Wilson Jr.*

(NOTE: Registered Agent signature required when reinstating)

**5/7/98**

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **P**  
STREET ADDRESS **CASTILLO, GERALD C.**  
CITY-ST-ZIP **8 MEIR ROAD  
PONTE VEDRA BEACH FL**

TITLE ☐ DELETE

NAME **VP**  
STREET ADDRESS **SMITH, WILLIAM E.**  
CITY-ST-ZIP **928 6TH AVE. N.  
JACKSONVILLE BCH. FL**

TITLE ☐ DELETE

NAME **D**  
STREET ADDRESS **WHALEY, ROBERT H. JR.**  
CITY-ST-ZIP **109 MARSH COVE DR.  
JACKSONVILLE FL**

TITLE ☐ DELETE

NAME **D**  
STREET ADDRESS **ASHE, JOHN J.**  
CITY-ST-ZIP **601 OAK ST.  
PONTE VERDA BEACH FL**

TITLE ☐ DELETE

NAME **CTR**  
STREET ADDRESS **SMITH, GEORGE C SR.**  
CITY-ST-ZIP **607 16TH AVENUE NORTH  
JACKSONVILLE FL**

TITLE ☐ DELETE

NAME **TR**  
STREET ADDRESS **CROW, ROBERT J.**  
CITY-ST-ZIP **511 BOWLES ST  
NEPTUNE BEACH FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

NAME **P**  
STREET ADDRESS **Smith, William E**  
CITY-ST-ZIP **7610 Brackhurst Dr  
Jacksonville FL 32277-2530**

2.1 TITLE ☒ Change ☐ Addition

NAME **VP**  
STREET ADDRESS **Whaley Jr, Robert H.**  
CITY-ST-ZIP **109 Marsh Cove Dr  
Ponte Vedra Beach FL 32082-1625**

3.1 TITLE ☐ Change ☐ Addition

NAME **S**  
STREET ADDRESS **Malcolm Taylor**  
CITY-ST-ZIP **1733 W. Kiames St  
Jacksonville Beach FL 32250-3126**

4.1 TITLE ☐ Change ☒ Addition

NAME **P**  
STREET ADDRESS **Combs, Lawrence**  
CITY-ST-ZIP **146 Roscoe Blvd  
Ponte Vedra Beach FL 32082-3206**

5.1 TITLE ☐ Change ☒ Addition

NAME **D**  
STREET ADDRESS **Wilson Jr, William S.**  
CITY-ST-ZIP **1363 Pine wood Rd  
Jacksonville Beach FL 32250-0189**

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-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.

SIGNATURE: *Malcolm Taylor Secretary*

**4/24/98 (904) 249-3116**

CR2E037 (10/97)