


FILE NOW: FILING FEE IS \$61.25

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Apr 16, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 711230					
1. Corporation Name JACKSONVILLE BEACH LODGE NO. 1901 INC., BENEVOLENT AND PROTECTIVE ORDER OF ELKS OF THE UNITED ST					
Principal Place of Business 628 1ST AVE., NORTH JACKSONVILLE BEACH FL 32250 US			Mailing Address P. O. BOX 50972 JACKSONVILLE BEACH FL 32240-0972 US		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 07/20/1966 4. FEI Number 59-0711236 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																																																	
9. Name and Address of Current Registered Agent WISON, JR WILLIAM S 1363 PINEWOOD RD JACKSONVILLE BEACH FL 32250			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: <i>William S. Wilson</i> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE																																																																																																																																																					
12. OFFICERS AND DIRECTORS <table border="1"> <tr> <td>TITLE</td> <td>P</td> <td><input checked="" type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>SMITH, WILLIAM E</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7610 BROCKHURST DR</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>JACKSONVILLE FL 32277-2830</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VP</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>WHALEY, JR ROBERT H</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>109 MARSH COVE DR</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PONTE VEDRA BEACH FL 32082-1625</td> <td></td> </tr> <tr> <td>TITLE</td> <td>S</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>MALCOLN, TAYLOR</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1733 WILLIAMS STREET</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>JACKSONVILLE BEACH FL 32250-3126</td> <td></td> </tr> <tr> <td>TITLE</td> <td>T</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>COMBS, LAWRENCE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>146 ROSCOE BLVD NORTH</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PONTE VEDRA BEACH FL 32082-3208</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>WILSON, JR WILLIAM S</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1363 PINEWOOD RD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>JACKSONVILLE FL 32250-0189</td> <td></td> </tr> <tr> <td>TITLE</td> <td>TR</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>CROW, ROBERT J.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>511 BOWLES ST</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NEPTUNE BEACH FL</td> <td></td> </tr> </table>			TITLE	P	<input checked="" type="checkbox"/> DELETE	NAME	SMITH, WILLIAM E		STREET ADDRESS	7610 BROCKHURST DR		CITY-ST-ZIP	JACKSONVILLE FL 32277-2830		TITLE	VP	<input type="checkbox"/> DELETE	NAME	WHALEY, JR ROBERT H		STREET ADDRESS	109 MARSH COVE DR		CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082-1625		TITLE	S	<input type="checkbox"/> DELETE	NAME	MALCOLN, TAYLOR		STREET ADDRESS	1733 WILLIAMS STREET		CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250-3126		TITLE	T	<input type="checkbox"/> DELETE	NAME	COMBS, LAWRENCE		STREET ADDRESS	146 ROSCOE BLVD NORTH		CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082-3208		TITLE	D	<input type="checkbox"/> DELETE	NAME	WILSON, JR WILLIAM S		STREET ADDRESS	1363 PINEWOOD RD		CITY-ST-ZIP	JACKSONVILLE FL 32250-0189		TITLE	TR	<input type="checkbox"/> DELETE	NAME	CROW, ROBERT J.		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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: *JERRY EGO* SECRETARY 3/29/99 249-3116
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)