

FILE NOW: FILING FEE IS \$61.25

FILED  
Jun 13 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 711627 (0)  
1. Corporation Name  
FORT LAUDERDALE LODGE NO. 1517, BENEVOLENT AND PROTECTIVE ORDER OF ELKS OF THE UNITED STATES OF



Principal Place of Business Mailing Address  
701 S. FED. HWY. FT LAUDERDALE FL 33316 US  
701 S. FED. HWY. FT LAUDERDALE FL 33316-1218 US

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 SAME AS ABOVE		25 SAME		10/13/1966		04/25/1996	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 City & State		28 City & State		59-0241532		Not Applicable	
24 Zip		29 Zip		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
26		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent  
ENDS, RAYMOND J  
4025 N. FEDERAL HWY.  
#3278  
FT. LAUDERDALE FL 33308

10. Name and Address of New Registered Agent  
81 Name KENDALL RUSHING  
82 Street Address (R.O. Box Number is Not Acceptable) 13180 S.W. 7TH PLACE  
83  
84 City DAVIE, FL FL 85 Zip Code 33325

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  KENDALL RUSHING P *Kendall Rushing* KENDALL RUSHING P 4/15/97

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	ENDS, RAYMOND J	
STREET ADDRESS	4025 N. FEDERAL HWY.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33316	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	QIEDRA, ALEX	
STREET ADDRESS	400 NE 28 ST.	
CITY-ST-ZIP	WILTON MANORS FL 33334	
TITLE	T	<input type="checkbox"/> DELETE
NAME	WHITE, TAYLOR	
STREET ADDRESS	8 SE 8TH STREET	
CITY-ST-ZIP	FT. LAUDERDALE FL 33316	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	RICHMOND, JOHN R	
STREET ADDRESS	515 SW 16 CT.	
CITY-ST-ZIP	FT LAUDERDALE FL 33315	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	MACNEIR, DONALD S	
STREET ADDRESS	1305 PONCE DE LEON DR	
CITY-ST-ZIP	FT LAUDERDALE FL 33318	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	WILCOXSON, DOUGLAS G	
STREET ADDRESS	2500 NE 48 CT.	
CITY-ST-ZIP	POMPANO BCH. FL 33064	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	-P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	KENDALL RUSHING, E.R.	
1.3 STREET ADDRESS	13180 S.W. 7TH PLACE	
1.4 CITY-ST-ZIP	DAVIE, FL. 33325	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	OPEN	
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	TAYLOR WHITE TRUSTEE	
3.3 STREET ADDRESS	8 SE 8TH ST.	
3.4 CITY-ST-ZIP	FT. LAUDERDALE FL 33316	
4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	RAYMOND J ENOS TRUSTEE	
4.3 STREET ADDRESS	4025 N. FED. HWY	
4.4 CITY-ST-ZIP	FT. LAUDERDALE, FL. 33308	
5.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	GEORGE H MILLER TRUSTEE	
5.3 STREET ADDRESS	2846 S. UNIVERSITY DRIVE	
5.4 CITY-ST-ZIP	DAVIE, FL. 33328	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	OPEN	
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 JAMES MCQUAIN, TREASURER

CR2E037 (9/96)