


FILE NOW: FILING FEE IS \$61.25

FILED  
Jun 13 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra Br. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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	
3. Date Incorporated or Qualified <b>10/13/1966</b>		3a. Date of Last Report <b>04/25/1996</b>	

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

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ENDS, RAYMOND J 4025 N. FEDERAL HWY. 33278 FT. LAUDERDALE FL 33308				81 Name <b>KENDALL RUSHING</b>			
				82 Street Address (P.O. Box Number is Not Acceptable) <b>13180 S.W. 7TH PLACE</b>			
				83			
				84 City <b>DAVIE, FL</b> <b>FL</b> 85 Zip Code <b>33325</b>			

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 **X** **KENDALL RUSHING** **P** **KENDALL RUSHING** **P** **4/15/97**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>P</b>	<input type="checkbox"/> DELETE		1.1 TITLE	<b>-P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>ENDS, RAYMOND J</b>			1.2 NAME	<b>KENDALL RUSHING E.R.</b>		
STREET ADDRESS	<b>4025 N. FEDERAL HWY.</b>			1.3 STREET ADDRESS	<b>13180 S.W. 7TH PLACE</b>		
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33316</b>			1.4 CITY-ST-ZIP	<b>DAVIE, FL. 33325</b>		
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>QIEDRA, ALEX</b>			2.2 NAME	<b>OPEN</b>		
STREET ADDRESS	<b>400 NE 28 ST.</b>			2.3 STREET ADDRESS			
CITY-ST-ZIP	<b>WILTON MANORS FL 33334</b>			2.4 CITY-ST-ZIP			
TITLE	<b>T</b>	<input type="checkbox"/> DELETE		3.1 TITLE	<b>T</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>WHITE, TAYLOR</b>			3.2 NAME	<b>TAYLOR WHITE TRUSTEE</b>		
STREET ADDRESS	<b>8 SE 8TH STREET</b>			3.3 STREET ADDRESS	<b>8 SE 8TH ST.</b>		
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33316</b>			3.4 CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33316</b>		
TITLE	<b>T</b>	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	<b>T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>RICHMOND, JOHN R</b>			4.2 NAME	<b>RAYMOND J ENOS TRUSTEE</b>		
STREET ADDRESS	<b>515 SW 16 CT.</b>			4.3 STREET ADDRESS	<b>4025 N. FED. HWY</b>		
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33315</b>			4.4 CITY-ST-ZIP	<b>FT. LAUDERDALE, FL. 33308</b>		
TITLE	<b>T</b>	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	<b>T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MACNEIR, DONALD S</b>			5.2 NAME	<b>GEORGE H MILLER TRUSTEE</b>		
STREET ADDRESS	<b>1305 PONCE DE LEON DR</b>			5.3 STREET ADDRESS	<b>2846 S. UNIVERSITY DRIVE</b>		
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33316</b>			5.4 CITY-ST-ZIP	<b>DAVIE, FL. 33328</b>		
TITLE	<b>T</b>	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	<b>OPEN</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>WILCOXSON, DOUGLAS G</b>			6.2 NAME			
STREET ADDRESS	<b>2500 NE 48 CT.</b>			6.3 STREET ADDRESS			
CITY-ST-ZIP	<b>POMPANO BCH. FL 33064</b>			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 MCGUAIN** **TREASURER**

CR2E037 (9/96)