

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 711627

1. Corporation Name

FORT LAUDERDALE LODGE NO. 1517, BENEVOLENT AND
PROTECTIVE ORDER OF ELKS OF THE UNITED STATES OF

Principal Place of Business

701 S. FED. HWY.
FT LAUDERDALE FL 33316
US

Mailing Address

701 S. FED. HWY.
FT LAUDERDALE FL 33316
US

FILED

99 OCT -5 PM 8:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		10/13/1966	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-0241532	
25 Country		29 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
30		31		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

TWIST, SUSAN
1814 SW 29TH ST
FT. LAUDERDALE FL 33315

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T RUSHING, KENDALL E <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	13180 S.W. 7TH PLACE	1.2 NAME	
STREET ADDRESS	DAVIE FL 33325	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	P TWIST, SUSAN <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1814 SW 29TH ST	2.2 NAME	P MCELMEEL, PATRICK
STREET ADDRESS	FT. LAUDERDALE FL 33315	2.3 STREET ADDRESS	2029 N. OCEAN DRIVE
CITY-ST-ZIP		2.4 CITY-ST-ZIP	FT. LAUDERDALE FL 33305
TITLE	T ENOS, RAYMOND J <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4025 N FEDERAL HWY	3.2 NAME	1000 SW 12TH ST Apt. 110
STREET ADDRESS	FT LAUDERDALE FL	3.3 STREET ADDRESS	FT. LAUDERDALE FL 33316
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	X STRICKLAND, RAY <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	821 SE 12TH COURT #10	4.2 NAME	S SAME
STREET ADDRESS	FT. LAUDERDALE FL 33316	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	T O'CONNOR, JAMES J. <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	3000 MARCOS DR	5.2 NAME	T BOLEN, ROBERT
STREET ADDRESS	AVENTURA FL 33160	5.3 STREET ADDRESS	1101 SE 8th Street
CITY-ST-ZIP		5.4 CITY-ST-ZIP	FT LAUDERDALE FL 33316
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	600003016266--7	6.2 NAME	TS
STREET ADDRESS	-10/18/99--01003--002	6.3 STREET ADDRESS	
CITY-ST-ZIP	*****61.25 *****61.25	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, with all other like empowered.

SIGNATURE:

Ray Strickland 9/27/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

0014347

CR2E037 (5/99)