FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 8:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 719098 (6)

1. Corporation Name
APOPKA LODGE, NO. 2422, BENEVOLENT AND PROTECTIV E ORDER OF ELKS OF THE UNIT

Principal Place of Business	Mailing Address
201 W. ORANGE STREET APOPKA FL 32703-4213	201 W ORANGE STREET APOPKA FL 32703-4213

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/03/1970	3a. Date of Last Report: 04/28/1994
4. FEI Number: 59-1317212	☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt #, etc 22	Suite, Apt #, etc 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SORENSEN, KATHERINE L. 1590 GAY ROAD WINTER PARK FL 32789	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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE [signature] 1/30/95
Signature of Registered Agent — NOTE: Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D ☒ Change ☐ Addition
NAME	BURGESS, KEVIN	1.2 NAME	BRYAN, HAROLD L.
STREET ADDRESS	820 E. 8TH ST	1.3 STREET ADDRESS	1336 East Votaw Road.
CITY ST ZIP	APOPKA FL	1.4 CITY ST ZIP	Apopka, FL 32703-4521
TITLE	SD	2.1 TITLE	SD ☒ Change ☐ Addition
NAME	BURGESS, HERBERT T	2.2 NAME	BURGESS, KEVIN M.
STREET ADDRESS	820 E. 8TH ST.	2.3 STREET ADDRESS	820 E. 8th St.
CITY ST ZIP	APOPKA FL	2.4 CITY ST ZIP	Apopka, FL 32703
TITLE	TD	3.1 TITLE	TD ☒ Change ☐ Addition
NAME	MURRAY, THOMAS P.	3.2 NAME	CHANNELL, J.D.
STREET ADDRESS	1508 SILVER FOX CIR.	3.3 STREET ADDRESS	925 W. Sandpiper St.
CITY ST ZIP	APOPKA FL	3.4 CITY ST ZIP	Apopka, FL 32712-2909
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	MORIN, ROBERT J.	4.2 NAME	
STREET ADDRESS	23901 ROBBINS RD	4.3 STREET ADDRESS	
CITY ST ZIP	ASTATULA FL	4.4 CITY ST ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Harold L Bryan 4-26-95 (407) 886-1600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0030694