

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 719098 (6)

1. Corporation Name

AOPKA LODGE, NO. 2422, BENEVOLENT AND PROTECTIV
E ORDER OF ELKS OF THE UNIT



Principal Place of Business

201 W. ORANGE STREET
AOPKA FL 32703-4213

Mailing Address

201 W. ORANGE STREET
AOPKA FL 32703-4213

3. Date Incorporated or Qualified

03/03/1970

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

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 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

4/10/96

12. OFFICERS AND DIRECTORS

TITLE D
NAME BRYAN, HAROLD L.
STREET ADDRESS 1336 EAST VOTAW ROAD
CITY-ST-ZIP AOPKA FL

☒ DELETE

TITLE SD
NAME BURGESS, KEVIN M.
STREET ADDRESS 820 E. 8TH STREET
CITY-ST-ZIP AOPKA FL

☒ DELETE

TITLE TD
NAME CHANNELL, J.D.
STREET ADDRESS 925 E. SANDPIPER STREET
CITY-ST-ZIP AOPKA FL

☐ DELETE

TITLE D
NAME MORIN, ROBERT J.
STREET ADDRESS 23901 ROBBINS RD
CITY-ST-ZIP ASTATULA FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE DETAINED POPA
12 NAME CORMIER, NORMAN
13 STREET ADDRESS 452 DREAM LAKE DR
14 CITY-ST-ZIP AOPKA FL 32712

☒ Change

☐ Addition

21 TITLE SD SECRETARY
22 NAME Mike Stohlmann
23 STREET ADDRESS Monroe St.
24 CITY-ST-ZIP AOPKA, FL 32703

☒ Change

☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

☐ Change

☐ Addition

41 TITLE TRUSTEE
42 NAME Martin De Carlo
43 STREET ADDRESS 1183 EARL CLAY CIR
44 CITY-ST-ZIP AOPKA, FL 32712

☒ Change

☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

☐ Change

☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

☐ Change

☐ Addition

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)(k), 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:

Signature typed or printed name of signing officer or director

Date

Day-time Phone #

4/1/96

47662-6111

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