## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

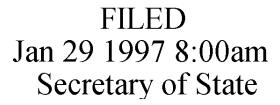
1997 DOCUMENT #

(6)

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

Principal Place of Business

Mailing Address





201 W. ORANG APOPKA FL 32			201 W. ORANGE STREET APOPKA FL 32703-4213							
							3. Date Incorporated or Qualified 3a. Dat 03/03/1970		te of Last Report 04/29/1996	
_ ·	Place of Business	2a. Ma	2a. Mailing Address				4. FEI Number 59-1317212	<del>- L</del>	Α	Applied For
21		26					59-1317212			lot Applicable
Suite, Apt.		27 St	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & Sta	te	<b>—</b>	City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip	Country		Zip Country				8. This corporation has liability for intangible tax under s. 199.032,			
24	25	29		30			Florida Statutes Yes No			
	9. Name and Addres	s of Current Register	ed Agent				10. Name and Address of New Re	gistered /	lgent	
ı					81 N	lame				
SOREN	sen, katherine L			ŀ	<b>82</b> S	treet Add	ress (P.O. Box Number is Not Acceptab	le)		
1590 GAY ROAD								· · · · · · · · · · · · · · · · · · ·		
WINTER	PARK FL 32789				83					
!				}	<b>84</b> C	City		FL	85 Zip	Code
11. Pursuant office or agent. I s SIGNATURE	Mitherinel	T'Aure	11.00	<i>)</i>			poration submits this statement for the p tion's board of directors. I hereby accep lieo when reinstating)	urpose of the appo	changing pintment a	its registered s registered
12.	Sign of ve, typed or printed name.	FICERS AND DIRECTO		13.	Agent si	ignature requi	ADDITIONS/CHANGES TO OFFICE		DIRECTO	21 M 290
TITLE	<del>  b</del>   ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	TICETY AND DIRECTO	. DELETE	1.1 TIT	 L£		ADDITIONO/OF WAGES TO OFFICE	CI TO MILE	Change	
NAME	CORMIER, NORMA	N		1.2 NA					_ ,	_
STREET ADDRESS	452 DREAM LAKE				REET ADD	ORESS				
CITY-ST-ZIP	APOPKA FL 32712				Y - ST - ZI					
TITLE	SD		☐ DELETE	2.1 111		.,			☐ Change	☐ Addition
NAME	STOHLMANN, MIKI	Ē		2.2 NA	ME					
STREET ADDRESS	MONROE ST.			23 ST	REET ADI	ORESS				
CITY-ST-ZIP	APOPKA FL 32703		_	2 4 01	IY-SI-2	YIP				
TITLE	10		DELETE	3.1 TIT	LE	7	7		Change	Addition
NAME	CHANNELL, J.D.			3.2 NA	ME	7	ATRICIA HOMR	ICK		•
STREET ADDRESS	925 E. SANDPIPER	STREET		3.3 STI	REET ADD	DRESS 5	I WEST ORK ST.		_	
CITY-ST-ZIP	APOPKA FL			3 4. CI	TY-ST-Z	IP A	PATRICIA HAMR I WEST ORK ST POPKA, FL. 3.	270	3	
TITLE	1		☐ DELETE	4 1 T/T	LF				Change	☐ Addition
NAME	DECARLO, MARTIN			4. 2 N/	ME					
STREET ADDRESS	1183 ERROL CLAY			4.3 STI	REET ADO	DRES\$				
CITY-ST-ZIP	APOPKA FL 32712			4.4 CIT	Y-ST-2	IP .				
TITLE			☐ DELETE	5.1 7(T	LE				Change	☐ Addition
NAME				5.2 NA	ME					
STREET ADDRESS				5.3 ST	REET ADD	ORESS				
CITY-ST-ZIP					Y - ST - Z	IP .				
TITLE			DELETE	6.1 TIT					☐ Change	Addition
NAME				6.2 NA	ME					
STREET ADDRESS		/?		6.3 \$10	REET ADD	DRESS				
CITY-ST-ZIP				6.4 CIT	Y - ST - ZI		d in Continue 110 07/0)(C). Florida Otto In-	14		

or quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the poor is true and accurate and that my signature shall have the same legal effect as if made under oath; that empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name an address.