

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Oct 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **719098**

(6)

1. Corporation Name

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

Principal Place of Business

**201 W. ORANGE STREET
APOPKA FL 32703-4213**

Mailing Address

**201 W. ORANGE STREET
APOPKA FL 32703-4213**



3. Date Incorporated or Qualified

03/03/1970

4. FEI Number

59-1317212

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current 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

10. Name and Address of New Registered Agent

Same

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)

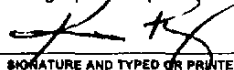
DATE

12. OFFICERS AND DIRECTORS	
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	CORMIER, NORMAN
STREET ADDRESS	452 DREAM LAKE DR
CITY-ST-ZIP	APOPKA FL 32712
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	STOHLMANN, MIKE
STREET ADDRESS	MONROE ST.
CITY-ST-ZIP	APOPKA FL 32703
TITLE	TD <input checked="" type="checkbox"/> DELETE
NAME	HAMRICK, PATRICIA
STREET ADDRESS	51 WEST OAK ST
CITY-ST-ZIP	APOPKA FL
TITLE	T <input checked="" type="checkbox"/> DELETE
NAME	DECARLO, MARTIN
STREET ADDRESS	1183 ERROL CLAY CIR
CITY-ST-ZIP	APOPKA FL 32712
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	EXALTED RULER - D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PAUL BRADY
1.3 STREET ADDRESS	OKALDOOSA TRAIL
1.4 CITY-ST-ZIP	SORRENTO FL 32776
2.1 TITLE	SECRETARY - S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	HERBERT BURGESS
2.3 STREET ADDRESS	820 E. 8th St
2.4 CITY-ST-ZIP	APOPKA, FL 32703
3.1 TITLE	TREASURER - T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MARIE JOHNSON
3.3 STREET ADDRESS	P.O. Box 698
3.4 CITY-ST-ZIP	PLYMOUTH, FL 32768
4.1 TITLE	CHAIRMAN OF TRUSTEES - TR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	KEVIN BURGESS
4.3 STREET ADDRESS	820 E. 8th St.
4.4 CITY-ST-ZIP	APOPKA, FL 32703
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 in an attachment with an address.

SIGNATURE:



KEVIN BURGESS

7-29-98

407-889-1787

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/98)