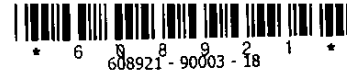


**FILED**  
**Jun 01, 1999 8:00 am**  
**Secretary of State**

06-01-1999 90014 038 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 719098</b> 1. Corporation Name <b>APOPKA LODGE, NO. 2422, BENEVOLENT AND PROTECTIVE ORDER OF ELKS OF THE UNIT</b>			
Principal Place of Business 201 W. ORANGE STREET APOPKA FL 32703-4213		Mailing Address 201 W. ORANGE STREET APOPKA FL 32703-4213	



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		03/03/1970	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-1317212	
24 Country		29 Country		5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	

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			

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	ERD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BRADY, PAUL			1.2 NAME	LEE P. WOODS		
STREET ADDRESS	OAKLOOSA TRAIL			1.3 STREET ADDRESS	853 VOTAW RD.		
CITY-ST-ZIP	SORRENTO FL 32776			1.4 CITY-ST-ZIP	APOPKA, FL 32703		
TITLE	S	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	SECRETARY	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BURGESS, HERBERT			2.2 NAME	KEVIN BURGESS		
STREET ADDRESS	820 E. 8TH ST.			2.3 STREET ADDRESS	820 E. 8TH ST.		
CITY-ST-ZIP	APOPKA FL 32703			2.4 CITY-ST-ZIP	APOPKA, FL 32703		
TITLE	T	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	TREASURER	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JOHNSON, MARIE			3.2 NAME	MARIE JOHNSON		
STREET ADDRESS	P.O. BOX 698 N/A			3.3 STREET ADDRESS	P.O. BOX 698		
CITY-ST-ZIP	PLYMOUTH FL 32768			3.4 CITY-ST-ZIP	PLYMOUTH, FL 32768		
TITLE	COT	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	TRUSTEE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BURGESS, KEVIN			4.2 NAME	DIANNA COPELAND		
STREET ADDRESS	820 E. 8TH ST.			4.3 STREET ADDRESS	841 VOTAW RD.		
CITY-ST-ZIP	APOPKA FL 32703			4.4 CITY-ST-ZIP	APOPKA, FL 32703		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	TRUSTEE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				5.2 NAME	MARVIN RODNER		
STREET ADDRESS				5.3 STREET ADDRESS	223 COTTESMORE CIR W.		
CITY-ST-ZIP				5.4 CITY-ST-ZIP	LONGWOOD, FL 32779		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	TRUSTEE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				6.2 NAME	PAUL BRADY		
STREET ADDRESS				6.3 STREET ADDRESS	32340 OKALOOSA TRAIL		
CITY-ST-ZIP				6.4 CITY-ST-ZIP	SORRENTO FL 32776		

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: Lee P. Woods **LEE P. WOODS, EXALTED RULER 6/5/99 (407) 703-1734**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)