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FILED
May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 722251 (6)
 1. Corporation Name
NORTH MIAMI ELKS LODGE 1835, INC.



Principal Place of Business 12495 NE 2ND AVENUE NORTH MIAMI FL 33161	Mailing Address 12495 NE 2ND AVENUE NORTH MIAMI FL 33161-5336
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3. Date Incorporated or Qualified 12/13/1971	3a. Date of Last Report 05/01/1996
4. FEI Number 59-0678389	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent
DELUCCA, ANTHONY J, SR
14370 NE 4TH AVE
MIAMI FL 33161

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MOGEL, EDWARD L	
STREET ADDRESS	12495 NE 2ND AVENUE	
CITY-ST-ZIP	N MIAMI FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	WHITE, JAMES E	
STREET ADDRESS	12495 NE 2ND AVE	
CITY-ST-ZIP	NORTH MIAMI FL	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	MORRILL, HOWARD A. JR.	
STREET ADDRESS	12495 NE 2ND AVENUE	
CITY-ST-ZIP	NORTH MIAMI FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LEVENSON, JAMES D	
STREET ADDRESS	12495 NE 2ND AVE	
CITY-ST-ZIP	N MIAMI FL	
TITLE	ATD	<input type="checkbox"/> DELETE
NAME	DELUCCA, ANTHONY J SR.	
STREET ADDRESS	12495 N.E. 2ND AVE.	
CITY-ST-ZIP	N. MIAMI FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	GRADY, HAROLD E. J	
STREET ADDRESS	12495 NE 2ND AVE.	
CITY-ST-ZIP	NORTH MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JAMES SUMMEY, JR	
1.3 STREET ADDRESS	12495 NE 2 AVE	
1.4 CITY-ST-ZIP	NORTH MIAMI FL 33161	
2.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JAMES E WHITE	
2.3 STREET ADDRESS	12495 NE 2 AVE	
2.4 CITY-ST-ZIP	NORTH MIAMI FL 33161	
3.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ROBERT TARVIN, JR	
3.3 STREET ADDRESS	12495 NE 2 AVE	
3.4 CITY-ST-ZIP	NORTH MIAMI FL 33161	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	JOSEPH ORTIZ, SR	
4.3 STREET ADDRESS	12495 NE 2 AVE	
4.4 CITY-ST-ZIP	NORTH MIAMI FL 33161	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	NICOLAS ORTIZ	
5.3 STREET ADDRESS	12495 NE 2 AVE	
5.4 CITY-ST-ZIP	NORTH MIAMI FL 33161	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	SAM SANFILIPPO	
6.3 STREET ADDRESS	12495 NE 2 AVE	
6.4 CITY-ST-ZIP	NORTH MIAMI FL 33161	

14. I do 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, on an attachment with an address.

SIGNATURE: *James D. Levenson* **SIGNATURE REQUIRED. LEVENSON** 4/29/97 305-681-5151
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0031701

CR2E037 (9/96)

NORTH MIAMI ELKS LODGE 1836, INC.

ADDITIONAL DIRECTORS

**D
FRANK TEACHMAN
129495 NE 2 AVE
NORTH MIAMI FL 33161**

**D
PAUL TURICK
12495 NE 2 AVE
NORTH MIAMI FL 33161**

[REDACTED]

**D
EDWARD TRAINOR
12495 NE 2 AVE
NORTH MIAMI FL 33161**

**D
RICHARD PETERSON
12495 NE 2 AVE
NORTH MIAMI FL 33161**

**D
RAUL M. GOMEZ
12495 NE 2 AVE
NORTH MIAMI FL 33161**

**D
PHILIP FERRARI
12495 NE 2 AVE
NORTH MIAMI FL 33161**

**D
CHARLES KNOX
12495 NE 2 AVE
NORTH MIAMI FL 33161**

TOTAL IS DIRECTORS

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