

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

**FILED**  
**May 12 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>12495 NE 2ND AVENUE NORTH MIAMI FL 33161</b>	Mailing Address <b>12495 NE 2ND AVENUE NORTH MIAMI FL 33161</b>
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3. Date Incorporated or Qualified <b>12/13/1971</b>		
4. FEI Number <b>59-0678389</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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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	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUMMEY, JAMES J	1.2 NAME	Ortiz, Joseph A.
STREET ADDRESS	12495 N.E. 2 AVE.	1.3 STREET ADDRESS	1000 N.W. 150 Street
CITY-ST-ZIP	N MIAMI FL	1.4 CITY-ST-ZIP	Miami, Fl 33168-2028
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE, JAMES E	2.2 NAME	
STREET ADDRESS	12495 NE 2ND AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TARVIN, ROBERT J	3.2 NAME	Ortiz, Nicolas
STREET ADDRESS	12495 NE 2ND AVENUE	3.3 STREET ADDRESS	110 N.E. 135 Street
CITY-ST-ZIP	NORTH MIAMI FL	3.4 CITY-ST-ZIP	North Miami, Fl 33161-2733
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVENSON, JAMES D	4.2 NAME	Palm, Julie
STREET ADDRESS	12495 NE 2ND AVE	4.3 STREET ADDRESS	1220 N.E. 153 Street
CITY-ST-ZIP	N MIAMI FL	4.4 CITY-ST-ZIP	No.Mia.Bch., Fl 33162
TITLE	ATD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELUCCA, ANTHONY J SR.	5.2 NAME	
STREET ADDRESS	12495 N.E. 2ND AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANFILIPPO, SAM	6.2 NAME	
STREET ADDRESS	12495 NE 2ND AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI FL	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 on an attachment with an address.

SIGNATURE: *Joseph A. Ortiz* 4-28-98 305/681-5151

CR2E037 (10/97)