**FILE NOW: FILING FEE AFTER MAY 1 IS $155.00**

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

AMENDED AND FILED

95 APR 26 PM 1:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 725838 (7)

1. Corporation Name

ELKETTES OF JUPITER LODGE #2469, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1222 US HWY 1<br>JUPITER FL 33477 | 1222 US HWY 1<br>JUPITER FL 33477 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/19/1973
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-6508927 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☑ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

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

* 9. Name and Address of Current Registered Agent

BROPHY, GILBERT T.
PARKWAY PLAZA-UNIT 15
810 SATURN ST.
JUPITER FL 33477

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

* SIGNATURE: GILBERT T. BROPHY
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 | VD | 1.1 TITLE | VD | ☒ Change ☐ Addition |
| NAME | ZILINEK, KAREN | 1.2 NAME | ROSE, RUTH M. | |
| STREET ADDRESS | 257 E RIVER PARK DR | 1.3 STREET ADDRESS | 158 SEA BREEZE CIR. | |
| CITY-ST-ZIP | JUPITER FL | 1.4 CITY-ST-ZIP | JUPITER, FL. | |
| TITLE | PD | 2.1 TITLE | PD | ☒ Change ☐ Addition |
| NAME | SCHAEFER, MARGARET | 2.2 NAME | ACKERMAN, LORAINE | |
| STREET ADDRESS | 916 ANGLERS WAY | 2.3 STREET ADDRESS | 18061 WOODSIDE TR. | |
| CITY-ST-ZIP | JUPITER FL | 2.4 CITY-ST-ZIP | JUPITER, FL. | |
| TITLE | S | 3.1 TITLE | S | ☒ Change ☐ Addition |
| NAME | WIDMANN, ARDATH | 3.2 NAME | SCHAEFER, MARGARET | |
| STREET ADDRESS | 228 SUSSEX CIR | 3.3 STREET ADDRESS | 916 ANGLERS WAY | |
| CITY-ST-ZIP | JUPITER FL | 3.4 CITY-ST-ZIP | JUPITER, F. | |
| TITLE | SD | 4.1 TITLE | SD | ☒ Change ☐ Addition |
| NAME | ACKERMAN, LORAINE | 4.2 NAME | KLESTINEC, MARGARET | |
| STREET ADDRESS | 18061 WOODSIDE TRL. | 4.3 STREET ADDRESS | P.O. BOX 12573 (N/A) | |
| CITY-ST-ZIP | JUPITER FL | 4.4 CITY-ST-ZIP | LAKE PARK, FL. | |
| TITLE | AT | 5.1 TITLE | AT | ☐ Change ☐ Addition |
| NAME | MILLER, MARY | 5.2 NAME | MILLER, MARY | |
| STREET ADDRESS | 344 CYPRESS DR | 5.3 STREET ADDRESS | 344 CYPRESS DR. | |
| CITY-ST-ZIP | LAKE PARK FL | 5.4 CITY-ST-ZIP | LAKE PARK, FL. | |
| TITLE | T | 6.1 TITLE | T | ☒ Change ☐ Addition |
| NAME | SALMONSEN, DOROTHY | 6.2 NAME | SALMONSEN, DOROTHY | |
| STREET ADDRESS | 3040 LAKE DR | 6.3 STREET ADDRESS | 3040 LAKESHORE DR.#903 | |
| CITY-ST-ZIP | RIVIERA BCH FL | 6.4 CITY-ST-ZIP | RIVIERA BEACH, FL. | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Dorothy E. Salmonsen 4/4/95 407-842-1336
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0012018