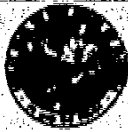


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

FILED

95 APR 26 PM 1:07

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 725838 (7)

1. Corporation Name

ELKETTES OF JUPITER LODGE #2469, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/19/1973** 3a. Date of Last Report **05/01/1994**

4. FBI 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

Principal Place of Business

Mailing Address

**1222 US HWY 1
JUPITER FL 33477**

**1222 US HWY 1
JUPITER FL 33477**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 607.1608, 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 date if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VD
NAME	ZLINEK, KAREN
STREET ADDRESS	257 E RIVER PARK DR
CITY-ST-ZIP	JUPITER FL
TITLE	PD
NAME	SCHAEFER, MARGARET
STREET ADDRESS	916 ANGLERS WAY
CITY-ST-ZIP	JUPITER FL
TITLE	S
NAME	WIDMANN, ARDATH
STREET ADDRESS	228 SUSSEX CIR
CITY-ST-ZIP	JUPITER FL
TITLE	SD
NAME	ACKERMAN, LORAIN
STREET ADDRESS	18061 WOODSIDE TR.
CITY-ST-ZIP	JUPITER FL
TITLE	AT
NAME	MILLER, MARY
STREET ADDRESS	344 CYPRESS DR
CITY-ST-ZIP	LAKE PARK FL
TITLE	T
NAME	SALMONSEN, DOROTHY
STREET ADDRESS	3040 LAKE DR
CITY-ST-ZIP	RIVIERA BCH FL

1.1 TITLE	VD	☒ Change ☐ Addition
1.2 NAME	ROSE, RUTH M.	
1.3 STREET ADDRESS	158 SEA BREEZE CIR.	
1.4 CITY-ST-ZIP	JUPITER, FL.	
2.1 TITLE	PD	☒ Change ☐ Addition
2.2 NAME	ACKERMAN, LORAIN	
2.3 STREET ADDRESS	18061 WOODSIDE TR.	
2.4 CITY-ST-ZIP	JUPITER, FL.	
3.1 TITLE	S	☒ Change ☐ Addition
3.2 NAME	SCHAEFER, MARGARET	
3.3 STREET ADDRESS	916 ANGLERS WAY	
3.4 CITY-ST-ZIP	JUPITER, F.	
4.1 TITLE	SD	☒ Change ☐ Addition
4.2 NAME	KLESTINEC, MARGARET	
4.3 STREET ADDRESS	P.O. BOX 12573 (N/A)	
4.4 CITY-ST-ZIP	LAKE PARK, FL.	
5.1 TITLE	AT	☐ Change ☐ Addition
5.2 NAME	MILLER, MARY	
5.3 STREET ADDRESS	344 CYPRESS DR.	
5.4 CITY-ST-ZIP	LAKE PARK, FL.	
6.1 TITLE	T	☒ Change ☐ Addition
6.2 NAME	SALMONSEN, DOROTHY	
6.3 STREET ADDRESS	3040 LAKESHORE DR.#903	
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 110.07(3)(k), 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/95
Date

407-842-1336
Daytime Phone #