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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 15 PM 3:12

DOCUMENT # 736190 (0)

1. Corporation Name

SEMINOLE LODGE NO. 2519, BENEVOLENT AND PROTECTI VE ORDER OF ELKS OF THE UNITED STATES OF AMERICA

Principal Place of Business	Mailing Address
10717 SEMINOLE BLVD. SEMINOLE FL 34648 US	POST OFFICE BOX 3177 SEMINOLE FL 34645 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/17/1976
3a. Date of Last Report: 06/20/1994
4. FEI Number: 51-0171548 ☐ 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
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 10717 Seminole Blvd.
Suite, Apt. #, etc.
27
City & State
28 Seminole Florida
Zip 29 34648 Country 30 U.S.

9. Name and Address of Current Registered Agent

EDMAN, JOHN M.
13368 84TH TERR NO.
SEMINOLE FL 34646

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 [signature] 2.9.95
Signature, typed or printed name of registered agent (if other applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	XX Change ☐ Addition
NAME	HACHEY, RAY	1.2 NAME	TD
STREET ADDRESS	10801 119TH STREET, NORTH	1.3 STREET ADDRESS	HACHEY, RAY
CITY-ST-ZIP	LARGO FL	1.4 CITY-ST-ZIP	11200 102 N. Unit 96
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	STEWART, JESSE	2.2 NAME	
STREET ADDRESS	13914 84TH TERRACE NORTH	2.3 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL	2.4 CITY-ST-ZIP	Largo, Fl
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	MCGINTY, HENRY	3.2 NAME	
STREET ADDRESS	11600 SHIPWATCH DRIVE, #1411	3.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	BUTLER SR., RON	4.2 NAME	
STREET ADDRESS	9230 81 AVENUE NORTH	4.3 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	HILTS, DONALD	5.2 NAME	
STREET ADDRESS	5979 BAYLAKE DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	SAINT PETESBURG FL	5.4 CITY-ST-ZIP	
TITLE	S	6.1 TITLE	☐ Change ☐ Addition
NAME	LARSON, CARL	6.2 NAME	
STREET ADDRESS	10398 104TH AVENUE, NORTH, #134	6.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	6.4 CITY-ST-ZIP	

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)(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: Carl O. Larson CARL LARSON (813) 397-7253
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

000717A